TEXAS DEPARTMENT OF INSURANCE
Division of Workers' Compensation (MS-94)
7551 Metro Center Drive, Suite 100, Austin, Texas 78744-1645
(800) 252-7031 | F: (512) 490-1047 | TDI.texas.gov | @TexasTDI

Complete if known:
DWC Claim #
Carrier Claim #

Designated Doctor Examination Data Report

Extent of Injury, Disability, or Other Similar Issues

I. INJURED EMPLOYEE CLAIM INFORMATION

1. Employee Name (Last, First, Middle)	**2. Social Security Number** (last 4 digits) XXX-XX-
3. Insurance Carrier Name	**4. Date of Injury** (mm-dd-yyyy)

II. EXAMINATION INFORMATION

5. Designated Doctor Name	
6. Designated Doctor Mailing Address (Street or PO Box, City, State, Zip Code)	
7. Designated Doctor License Number	**8. Designated Doctor License Jurisdiction**
9. Designated Doctor License Type	**10. Designated Doctor Phone Number** ( )
11. Examination Location (Street, City, State, Zip Code)	
12. Date and Time of Appointment	

13. Does the claim involve medical benefits provided through a Certified Health Care Network?

☐ Yes ☐ No

If yes, provide the name of the network.

14. Does the claim involve medical benefits provided through a political subdivision pursuant to §504.053(b)(2) of the Texas Labor Code, relating to directly contracting with health care providers or contracting through a health benefits pool?

☐ Yes ☐ No

If yes, provide the name of the health care plan.

For TDI-DWC Use Only

III. DIAGNOSIS CODES FOR COMPENSABLE DIAGNOSES/CONDITIONS

15. Refer to the DWC Form-032 you received for this examination and provide below all the diagnoses/conditions listed in Section VII, Box 37. For data purposes only, assign the most reasonable corresponding diagnosis code(s) for each compensable diagnosis/condition listed. You may assign up to four diagnosis codes for each compensable diagnosis/condition. Attach additional pages, if necessary.

Compensable Diagnosis/Condition	For Data Purposes Only			
	Diagnosis Code 1	Diagnosis Code 2	Diagnosis Code 3	Diagnosis Code 4
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				

IV. PURPOSE OF EXAMINATION

16. Issues considered during Designated Doctor's examination. Check only the items that were included on the DWC Form-032 and provide the requested information.

☐ **a) Extent of Injury**

Refer to the DWC Form-032 you received for this examination and provide below all the diagnoses/conditions listed in Section VIII, Box 42C. Did you determine that the accident or incident giving rise to the compensable injury was a substantial factor in bringing about the additional claimed diagnoses/condition, and without it, the additional diagnoses/conditions would not have occurred? Provide your answer below by checking Yes or No for each additional claimed diagnosis/condition. For data purposes only, assign the most reasonable corresponding diagnosis code(s) for each additional claimed diagnosis/condition. You may assign up to four diagnosis codes for each additional claimed diagnosis/condition. Attach additional pages, if necessary.

Additional Claimed Diagnosis or Condition	Yes	No	For Data Purposes Only			
			Diagnosis Code 1	Diagnosis Code 2	Diagnosis Code 3	Diagnosis Code 4
1)	☐	☐				
2)	☐	☐				
3)	☐	☐				
4)	☐	☐				
5)	☐	☐				
6)	☐	☐				
7)	☐	☐				
8)	☐	☐				

Employee's Name:

DWC Claim Number:

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☐ **b) Disability - Direct Result**

Did you determine that the employee's inability to obtain and retain employment at wages equivalent to the pre-injury wage is a direct result of the compensable injury? ☐ Yes ☐ No

Refer to the DWC Form-032 you received for this examination and provide the following information as shown in Section VIII, Box 42D:

Provide the beginning and ending dates for the claimed periods of disability. If multiple periods, list all dates. From _____ to _____ (mm/dd/yyyy)

☐ **c) Other Similar Issues**

Refer to the DWC Form-032 you received for the examination and describe the issue(s) listed in Section VIII, Box 42G, and provide your response to the issue(s).

V. REFERRALS / ADDITIONAL TESTING

17. Provide the requested information regarding referrals and additional testing for this examination.

Referral Health Care Provider Name	**Provider License Number**	**Date of Service** (mm/dd/yyyy)	**Type of Testing**						
			FCE	EMG / NCV	X-Ray	MRI	CT-Scan	Psychological Testing / Evaluation	Other
			☐	☐	☐	☐	☐	☐	☐
			☐	☐	☐	☐	☐	☐	☐
			☐	☐	☐	☐	☐	☐	☐
			☐	☐	☐	☐	☐	☐	☐
			☐	☐	☐	☐	☐	☐	☐

FCE (Functional Capacity Evaluation); EMG (Electromyography); NCV (Nerve Conduction Velocity); MRI (Magnetic Resonance Imaging); CT-Scan (Computed Tomography Scan)

VI. DESIGNATED DOCTOR'S SIGNATURE

18. Signature of Designated Doctor	**19. Date of Signature** (mm/dd/yyyy)

Employee's Name:

DWC Claim Number:

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Frequently Asked Questions
Designated Doctor Examination Data Report
Extent of Injury, Disability, or Other Similar Issues (DWC Form-068)

Under what circumstances is the DWC Form-068 filed?
The DWC Form-068 must be filed when a designated doctor examination addresses issues of extent of injury, disability – direct result, or other similar issues. Do not file this form if the designated doctor examination only addressed issues of maximum medical improvement, impairment rating, and/or return to work.

Is a narrative report required when filing the DWC Form-068?
Yes. You must attach the narrative report required by 28 Texas Administrative Code §127.220, *Designated Doctor Narrative Reports*.

Where do I file the DWC Form-068?
The DWC Form-068, along with the narrative report, must be submitted as follows:

- Send to the treating doctor, TDI-DWC, and the insurance carrier by facsimile or electronic transmission.
- Send to the injured employee and the injured employee's representative (if any) by facsimile or electronic transmission if you have this information. Otherwise, you must send the reports by other verifiable means.

NOTE[1]: Title 28 Texas Administrative Code §127.220(c) requires a designated doctor who performs an examination under §127.10(f) to file a Designated Doctor Examination Data Report in the form and manner required by TDI-DWC.

NOTE[2]: With few exceptions, upon your request, you are entitled to be informed about the information TDI-DWC collects about you; get and review the information (Government Code, §§552.021 and 552.023); and have TDI-DWC correct information that is incorrect (Government Code, §559.004). For more information, contact agencycounsel@tdi.texas.gov or you may refer to the Corrections Procedure section at www.tdi.texas.gov.