

REDESIGNATION IS NECESSARY (LRD)
(Original Designated Doctor is non-responsive and Benefit Review Officer/Hearing Officer cannot get the Designated Doctor to comply with the prior order request for clarification; OR, Original Designated Doctor is not available or qualified (unavailable, no longer on DDL))

**TEXAS DEPARTMENT OF INSURANCE
DIVISION OF WORKERS' COMPENSATION
(CITY) FIELD OFFICE
(CITY), TEXAS**

(NAME),	§	
CLAIMANT	§	
	§	
v.	§	DOCKET NO.
	§	TX-00-123456-01-CC-TX40
	§	
(NAME),	§	
CARRIER	§	
	§	

ORDER FOR APPOINTMENT OF NEW DESIGNATED DOCTOR

The undersigned, having found that a new designated doctor should be appointed in the captioned matter, it is, therefore,

ORDERED that a new designated doctor be selected and assigned by the Texas Department of Insurance, Division of Workers' Compensation (TDI-DWC) to address the issue(s) of **(MMI/IR/EXTENT/RTW/DISABILITY/SIBS/OTHER)**. It is further

ORDERED that (Party Designation), (NAME), complete a new DWC Form-032, *Request for Designated Doctor Examination*, on the issue(s) of **(MMI/IR/EXTENT/RTW/DISABILITY/SIBS/OTHER)** and file the same with the TDI-DWC within 10 days following the date of this order. Failure to timely comply with this order will result in an administrative violation referral, pursuant to Texas Labor Code §415.021(a).

Upon receipt and approval of the required DWC Form-032, *Request for Designated Doctor Examination*, the TDI-DWC will issue a Commissioner Order *Approval of Request for Designated Doctor Examination*, notifying parties of the date and time of the examination.

Signed this ____ day of _____, 201*.

(TYPED NAME)
Hearing Officer

Cc: All Parties