**MEDICAL RECORDS UPDATE INTERVIEW - PHYSICIANS**

Claimant: SS#: Date:

**Name of Doctor**:

Name of Practice:

Address:

Phone Number:( ) Fax Number: ( )

Condition Treated:

First Visit: Last Visit: Frequency:  **Next:**

----------------------------------------------------------

**ORDER:** \_\_\_\_\_\_ALL RECORDS: \_\_\_\_\_ UPDATE RECORDS: From \_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_ MEDICAL REPORT WITH: Physical RFC Pain eval

Mental RFC Fatigue eval

Send to client?\_\_\_\_\_ Other

**Name of Doctor:**

Name of Practice:

Address:

Phone Number:( ) Fax Number: ( )

Condition Treated:

First Visit: Last Visit: Frequency:  **Next:**

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**ORDER:** \_\_\_\_ALL RECORDS: \_ UPDATE RECORDS: From \_\_\_\_\_\_\_\_ to \_\_

\_\_\_\_\_\_ MEDICAL REPORT WITH: Physical RFC Pain eval

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Send to client?\_\_\_\_\_\_ Other