

ESSG

Report of Work Ability

See Instructions on Reverse Side



RW01

DO NOT USE THIS SPACE

Please PRINT or TYPE your responses.
Enter dates in MM/DD/YYYY format.

This form must be provided to the employee.
(Minn. Rules 5221.0410, subp. 6)

NOTICE TO EMPLOYEE: YOU MUST PROMPTLY PROVIDE A COPY OF THIS REPORT TO YOUR EMPLOYER OR WORKERS' COMPENSATION INSURER, AND QUALIFIED REHABILITATION CONSULTANT IF YOU HAVE ONE.

SOCIAL SECURITY NUMBER #845 584892178	DATE OF INJURY 12-28-07
EMPLOYEE Virginia Torres	Date of Birth 9-22-82
EMPLOYER	
INSURER/SELF-INSURER/TPA	
INSURER CLAIM NUMBER	



Date of most recent examination by this office: 1-2-08 (date)

Select the appropriate option(s) below and fill in the applicable dates.

- Employee is able to work without restrictions as of 1-2-08 (date)
- Employee is able to work with restrictions, from [] (date) to [] (date)

The restrictions are:

Virginia should wear long sleeve cotton button shirts to help prevent contact dermatitis

- Employee is unable to work at all, from [] (date) to [] (date)

The next scheduled visit is: as needed OR [] (date)

NAME (Type or Print) Cindy A. Sash	SIGNATURE <i>Cindy A. Sash</i>	DEGREE
ADDRESS 920 4TH AVE SW PIPESTONE FAMILY CLINIC PIPESTONE, MN 56164	STATE	LICENSE #/REGISTRATION #
CITY PIPESTONE	ODE	TELEPHONE #
507-825-5700ext 4777 FAX 507-825-4762 MN LISC-9124 UPTN-RB3466 DEA-MS0437435 NPI-1841253747		DATE SIGNED

3 PART DRUGS OF ABUSE TEST REQUEST



SPECIMEN ID U8449109



Employer: SUZLON ROTOR CORPORATION
1711 S HWY 75
PIPESTONE, MN 56164

Account #

1 To be completed by COLLECTOR / DONOR

Donor I.D. 58489 2778
Donor Name (last, first) or SSN Torres Virginia
Donor Daytime Phone 5073430303
Social Security No, Employee No. or other Identification No.
Specimen Type: Blood Urine Oral Fluid
Referring Phys. / Company Suzlon

MRO:

DONOR CONSENT I certify that I provided my specimen to the collector, that the specimen container was sealed with a tamper-proof seal in my presence; and that the information provided on this form and on the label affixed to the specimen bottle is correct. I authorize MEDTOX to release the results of the tests to my employer, prospective employer, employer representative and/or their authorized healthcare professionals.

Signature

DATE
Month Day Year
12 28 2007

Virginia A. Torres

Account # 93470

Test(s) Ordered

58043
7 PANEL

2 To be Completed by COLLECTOR

Indicate Reason for Test: Pre-employment Random Reasonable Suspicion Other (specify): Return to Duty Follow-up Post Accident Periodic Medical

3 To be Completed by COLLECTOR

Specimen temperature must be read within 4 minutes of collection: YES No, Remark Required
Specimen Temperature within range: (90°-100°F/32°-38°C)
81605

4 To be Completed by COLLECTOR

Collection Site Location: Facility and Address 491
PIPESTONE COUNTY MED CENTER
PIPESTONE, MN 56164

Collection Site Phone No. (507) 3255811 Fax No. (507) 3256081

Date and Time of Collection: Month Day Year Hour Minutes
12 28 2007 19 25
 am pm

Remarks Concerning Collection

I, the collector, by signing below certify that the specimen identified on this form is the specimen given to me by the donor identified above and that it has been collected, labeled, sealed and released to the Delivery Service noted in accordance with applicable requirements.

X Debra A. Grootwassink
Signature of Collector
Debra A. Grootwassink
(PRINT) Collector's Name (First, MI, Last)

SPECIMEN BOTTLE(S) RELEASED TO:

Name of Delivery Service Transferring Specimen to Lab
 DHL Local Courier
 Other

5

PIPESTONE FAMILY CLINIC
920 4TH AVENUE SW
PIPESTONE, MN 56164-1455

As a regional network of persons and institutions, Avera Health clinics are dedicated to the patients we serve. It is our mission to deliver excellence in patient care to all surrounding communities.



ADDRESS SERVICE REQUESTED

Statement Date: 02/19/08
Account Number: WC152159

000073 001 TH21 BNP D5R5 5000 P 4807E

VIRGINIA TORRES
1711 US HWY 75
PIPESTONE, MN 56164



PIPESTONE FAMILY CLINIC
920 4TH AVENUE SW
PIPESTONE, MN 56164-1455



Amount Due: \$0.00

Please detach and return top portion with your payment. See back for credit card payment options.

Summary of Services

\$62.00	Unpaid Balance
- \$62.00	Awaiting Insurance Response
\$0.00	Due from Patient

Please Pay

For Patient Services Regarding:

- Status of an Insurance Claim
- Assistance with a Denial
- Assistance with Amount Due
- Address or Insurance Changes
- General Assistance

Please Contact Us...We Are Here to Help:

Monday-Friday: 8:00 a.m. - 5:00 p.m.
 Phone Number: 507-825-5700
 Toll Free: 800-332-1155
 Fax Number: 507-825-4752

PIPESTONE FAMILY CLINIC
 920 4TH AVENUE SW
 PIPESTONE, MN 56164-1455

A finance charge of 1.5% will be applied to any patient balance over 60 days old.

ADDRESS SERVICE REQUESTED



000073 001 TH21 BNP D5R5 5000 P 4807E
 Statement Date: 02/19/08
 Responsible Party: VIRGINIA TORRES
 Account Number: WC152159

DETAIL OF SERVICES

Date	Explanation of Activity	Charges	Payments	Awaiting Insurance Response	Due From Patient
Visit 7400678 for VIRGINIA TORRES on 01/02/2008					
01/02/08	99212 Office Visit Level 2	\$62.00			
01/10/08	SENT TO WORKMANS COMP			\$62.00	
	***** VISIT TOTALS:	\$62.00		\$62.00	
Statement Totals		\$62.00		\$62.00	

PIPESTONE MEDICAL GROUP HAS
 SATELLITE LOCATIONS AT
 JASPER FAMILY AND EDGERTON
 FAMILY CLINICS

PLEASE SPECIFY DATES OF SERVICE BEING PAID. PYMNTS NOT SPECIFIED WILL BE APPLIED TO OLDEST BALANCE.

Unpaid Balance: \$62.00
 Awaiting Insurance Response: \$62.00
 Due from Patient: \$0.00

PIPESTONE FAMILY CLINIC
 920 4TH AVENUE SW
 PIPESTONE, MN 56164-1455

A finance charge of 1.5% will be applied to any patient balance over 60 days old.



ADDRESS SERVICE REQUESTED

000146 001 TH17 BNP D5R5 5000 P 4807E
 Statement Date: 01/15/08
 Responsible Party: VIRGINIA TORRES
 Account Number: WC152159

DETAIL OF SERVICES

Date	Explanation of Activity	Charges	Payments	Awaiting Insurance Response	Due From Patient
Visit 7400678 for VIRGINIA TORRES on 01/02/2008					
01/02/08	99212 Office Visit Level 2	\$62.00			
01/10/08	SENT TO WORKMANS COMP			\$62.00	
	***** VISIT TOTALS:	\$62.00		\$62.00	
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