

**City of Los Angeles ADR Position Statement**

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| Applicant’s Attorney: |  |
| Claimant’s Name: |  |
| Claim Number: |  |
| Date(s) of Injury: |  |
| Body Part(s): |  |

Position Statement Summary:

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Dispute(s)/Argument(s):

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Permanent Disability Ratings:

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| Dr.: |  | Report Dated: |  | State if: | PTP QME AME |

String Rating:

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| Dr.: |  | Report Dated: |  | State if: | PTP QME AME |

String Rating:

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*\* Please use Page 2 for listing additional doctors*

Settlement Demand of All Issues:

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| Dr.: |  | Report Dated: |  | State if: | PTP QME AME |

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| Dr.: |  | Report Dated: |  | State if: | PTP QME AME |

String Rating:

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