



ESIS®

## RateFast Express

For Adjusters

Fax To: (707) 921-7924

ESIS Cover Sheet – Page 1 of \_\_\_\_\_

**Patient First Name and Last Initial:** \_\_\_\_\_, \_\_\_\_\_

**Patient is a Federal Employee:** ☐ No ☐ Yes

**Primary Treating Physician:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

**Injured Body Part: Please Choose One**

**Spine:**

☐ Cervical

☐ Thoracic

☐ Lumbar

**Upper Extremities:**

☐ Rt / ☐ Lt Shoulder

☐ Rt / ☐ Lt Elbow

☐ Rt / ☐ Lt Wrist

**“Hand”:**

☐ Rt / ☐ Lt Thumb

☐ Rt / ☐ Lt Index Finger ☐ Rt / ☐ Lt Middle Finger

☐ Rt / ☐ Lt Ring Finger

☐ Rt / ☐ Lt Little Finger

**Lower Extremities:**

☐ Rt / ☐ Lt Hip

☐ Rt / ☐ Lt Knee

☐ Rt / ☐ Lt Ankle

☐ Rt / ☐ Lt Great Toe

☐ Rt / ☐ Lt Lesser Toes

**Skin:**

☐ Skin

**Vision:**

☐ Rt / ☐ Lt

**Hearing:**

☐ Rt / ☐ Lt

**Inguinal Hernia:**

☐ Rt / ☐ Lt

**Umbilical Hernia:**

☐ Rt / ☐ Lt

**Other:**

☐ Specify: \_\_\_\_\_