



RateFast Express

For Providers

Fax To: (707) 921-7924

PRMG Cover Sheet – Page 1 of _____

Patient First Name and Last Initial: _____

Patient is a Federal Employee: ☐ No ☐ Yes

Physicians: Please Choose One

☐ Stephanie Patton, D.O. ☐ Other: _____

Locations: Please Choose One

☐ PRMG – JobCare Ukiah ☐ Other: _____

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: _____