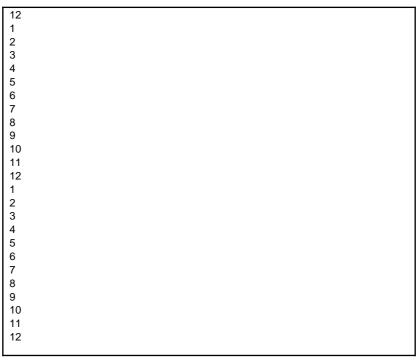
REPORT ON EVALUATION OF THE DEGREE OF PERMANENT IMPAIRMENT [section 146H(1)]

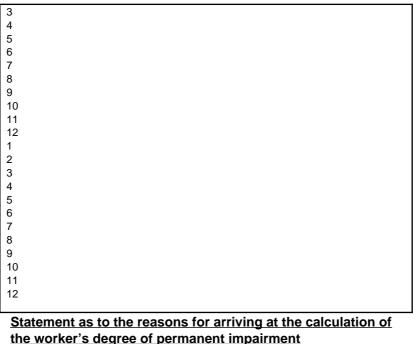
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Contact tele	ephone number	Email address
asdfasdf		asdfasdfadf@gmail.com

WorkCover WA claim number

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Postcode 999		
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as		
WorkCover number (if known)		
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Schedule 2: Lump Sum Payments Assessment for the purpose of Part III Division 2A Common Law Assessment for the purpose of Part IV Division 2 Subdivision 3 Specialised Retraining Programs Assessment for the purpose of Part IXA Payment of Additional Medical Expenses: Exceptional Circumstances provided) Date of the examination 15 January 2015 Examination location		
Postcode as		
ided (list of documents and information		



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ı	The proportion of permanent impairment due to any previous
	injury that was not asymptomatic
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the worker's degree of permanent impairment





Workers' Compensation and Injury Management Act 1981

Approved Medical Specialist name				
Dr. Hanh Nguyen				
Address				
as				
as	Postcode as			
Telephone number	Email address			
000	h@redimed			

Note: Copies of this report are to be forwarded to both the worker and employer.