

Request for Additional Medical Information And Medical Release

(Pursuant to NRS 616C.177 & 616C.490(5))

Injured Employee's Name: _____
Claim Number: _____ Social Security Number: _____
Injured Employee's Address: _____
Injury/Occupational Disease Date: _____ Date this Notice Printed: _____
Insurer's Name: _____ Employer: _____
Insurer's Address: _____ Employer's Address: _____

Please provide the information requested below, sign and date the form, and return it to your insurer. Your signature on this form also acts as a release to acquire information affecting your claim from other entities. Failure to fully complete and return this form to your claims agent in a timely manner could affect your benefits or delay the resolution of your claim.

Prior History Information

Please check the appropriate box below and provide the information requested.

- I have no prior conditions, injuries or disabilities of which I am aware, that might affect the disposition of the claim referenced above. Note - if you checked this box, no further information is needed at this point.
- I have a prior condition, injury or disability that could affect the disposition of the claim referenced above. This can include birth defects, prior surgeries, injuries, etc., whether work-related or not. Note - if you checked this box, indicating a pre-existing condition, please explain in detail in the space below. Please attach additional sheets of paper to this form if necessary to fully explain the condition.

I have provided this information to obtain the benefits of the Nevada Industrial Insurance Act and/or the Nevada Occupational Diseases Act (NRS 616A to 616D, inclusive, and/or NRS 617). I hereby authorize any physician, chiropractor, surgeon, practitioner, or other person, any hospital, including veterans administration or governmental hospital, any medical service organization, any insurance company, or other institution or organization to release to each other, any medical or other information, including benefits paid or payable, pertinent to this injury or disease, except information relative to diagnosis, treatment and/or counseling for AIDS, psychological conditions, alcohol or controlled substances, for which I must give specific authorization.

1. If executed in Nevada: Pursuant to Nevada Revised Statutes ("NRS") 53.045, I declare under penalty of perjury that the foregoing is true and correct.

Executed on _____
(date) (signature)

2. Except as otherwise provided in NRS 53.250 to 53.390, inclusive, if executed outside of Nevada: I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.

Executed on _____
(date) (signature)