

**ABC Insurance**  
 Caroloyn White  
 345 Main Street  
 Springfield, KS. 54633

3/12/2007

**Claimant Name:** Jane Doe  
 Date of Injury: 1/25/07  
 Physician Rpt by:  
 Type of Report:

**Claim Number:**  
 WCAB #:  
 Client Code:  
 Employer:

Disability Evaluator: Glen A. Brasseur, D.C., R.N.

**Review Based on AMA Guides Fifth Edition**

**Submitted AMA Guides Impairment: 55%**

**Validated AMA Guides Impairment: 55%**

**PD: Permanent Disability Rating (adjusted for FEC, Age, and Occupation)**

**Disability Rating** 72%

**Total Indemnity** \$110,446.90

Occupational Group	322	Job Function	COOK, PASTRY
Benefit Rate	\$230	Age	46
No. Weeks	481.25	Birth Date	08/25/1960
A.W. Wage	\$1345	Age at Time of Injury	46
		Social Security	111-22-4444

During the first 60 days the Benefit Rate is \$199.57 per week for an amount of \$1,710.56 for the 60 days

The Client was offered a job.

Number of Employees is greater then 50.

Disability	Rating Formula(s)	Apportionment	Final PD
L Leg - Amputation/Knee proximally	17.01.02.01 54%-[5]69%-322F-69%-71%	100 %	71 %
R Knee - Diagnosis-based Estimate - Subluxation/dislocation	17.05.10.01 3%-[2]3%-322F-3%-3%	100 %	3 %