

## **INDUSTRIAL COMMISSION OF ARIZONA**

800 W WASHINGTON STREET PHOENIX, ARIZONA 85007 (602) 542-4661

## PETITION TO REOPEN BASED ON NEW, ADDITIONAL OR PREVIOUSLY UNDISCOVERED DISABILITY OR CONDITION

IMPORTANT: This completed form must be accompanied by a current medical report supporting the reopening of the claim.

Copies of the Arizona Workers' Compensation Laws and Arizona Workers' Compensation Practice and Procedure and information about the ICA claims and hearing process are available at the ICA offices and through the ICA web-site located at: www.azica.gov

				Social Security I	No. *	
/S.	Injured Worker Last Name	First Name	MI	Date of Injury:		
		Defendant Employ	er	ICA Claim No.:		
	Defendant Insurance Carrier			Ins. Carrier Claim No.:		
Re	opening is requested based on the new	, additional or previously ur	ndiscove	ered disability or condit	ion listed below re	elated to this claim:
1.	Check one of the following:					
	Attached is a medical report to	support this Petition to Rec	open.			
	<b>or</b> Dr.	eopen.				
2.	The following physicians have exami	ned or treated me within the				
Α.	DOCTOR'S NAME	/ DIII/A	ADDRE	ESS	CON	DITION AND DATE OF TREATMENT
В.		1		72.00	1 1	911
3.	I have worked for the following emplo	oyers within the past two year	ars.			
4 A.	NAME	NAME ADDRESS		ADDRESS	4 1	JOB DESCRIPTION
л. В.	11921	1 10 10 10 10	-	WYHA.	<del>1      </del>	
•	nature of person or the person's authorized	d representative requesting re	opening	is REQUIRED.	Date Telephone No.	
City		State		Zip	Submitter Email A	ddress
Oity		Otate		Z.ip	Oublinitier Email A	uuless
	penix: Industrial Commission iling address: P.O. Box 19070 Phoenix, Arizona 8500	Street Address:		/. Washington Street nix, Arizona 85007-2922	Tucson Office:	Industrial Commission of Arizona 2675 E. Broadway Tucson, Arizona 85716-5342
Priva	he mandatory requirement that the social security numbers acy Act of 1974, because the Commission's forms, prestifying all the various records in the Claims Division or Strates, and whose identities can only be distinguished by	cribed under the Commission's Rules i pecial Fund pertaining to an individual.	n existence	prior to January 1, 1975, requi	red disclosure of the soc	ial security number. The number is used as a means of
	By this medical authorization or reproduction, rendering me any medical or related service to physician appointed by them to have, examine a	I authorize and request each physicallow The Industrial Commission of	sician and of Arizona	or its authorized representation	ve, my employer or its	nsurance carrier and each person and
Sigr	nature of person or the person's authorized repre	sentative requesting reopening.			Date	
Add	iress			,	Геlephone No.	
City	,	State		Zip		