



CASE ASSIGNMENT RECORD

TEXAS ROSE INFORMATION

<u>TX Rose Case #</u>	<u>Date Case Rec'vd</u>	<u>TX Rose Contact</u> ROSE	<u>Case Rework</u>
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CLIENT INFORMATION

<u>Company</u>	<u>Claim #</u>	<u>Adjuster & Contact #'s</u>
<u>Address</u>		<u>Email</u>

CLAIMANT INFORMATION

<u>Subject</u>				<u>Home Phone</u>		<u>Cell Phone</u>	
<u>Address</u>				<u>City</u>		<u>State</u>	<u>Zip:</u>
<u>SSN</u>	<u>DOB</u>	<u>Date Of Injury</u>	<u>Type Of Injury</u>				
<u>Vehicle Information</u>							
<u>Restrictions</u>							

Subject Description

<u>Sex</u>	<u>Race</u>	<u>Height</u>	<u>Weight</u>	<u>Eyes</u>	<u>Hair</u>	<u>Marital St.</u>	<u>Children</u>	<u>Drivers License #</u>
<u>Rep by Attorney</u>		<u>Name of Attorney</u>				<u>Name Of Attorney's Firm</u>		

DOCTOR INFORMATION

<u>Treating Doctor</u>	<u>Phone #</u>	<u>Next Appointment</u>
<u>Address</u>		
<u>Designated Dr. or Specialist Info</u>	<u>Phone #</u>	<u>Next Appointment</u>
<u>Address</u>		

HEARINGS (BRC/CCH)

<u>Date/Time</u>	<u>Address</u>
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EMPLOYER INFORMATION

<u>Company name</u>	<u>Contact Person</u>	<u>Phone #</u>
<u>Address</u>		

SERVICE REQUESTED

<u>Requested Hours of Surveillance</u>	<u>Records Check</u>	<u>AOE/COE</u>
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SPECIAL INSTRUCTIONS