

Hartford Orthopedic, Plastic & Hand Surgeons, Inc.

Duffield Ashmead, M.D.
Board Certified Plastic Surgeon
Fellowship Trained Hand Surgeon
Director, UCONN Hand Fellowship

Daniel J. Mastella, M.D.
Board Certified Orthopedic Surgeon
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Assistant Clinical Professor — UCONN

Christopher Dillon, PA-C
Board Certified Physician Assistant



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Peter J. Shaughnessy, M.D.
Orthopedic Surgeon
Fellowship Trained Hand Surgeon

Julie B. Forster, PA-C
Board Certified Physician Assistant

MAXIMUM MEDICAL IMPROVEMENT AND PERMANENCY RATING

Date: _____

To: _____

At: _____

PATIENT'S NAME: _____

File #: _____ Patient of Dr. _____

Claim #: _____ Date of Injury: _____

Maximum Medical Improvement is reached approximately one year post injury and/or last surgical procedure. At that time, a permanent impairment rating may be considered.

A rating may be considered for the above referenced patient in _____.

It is our policy that authorization must be received prior to scheduling a rating appointment. Once authorization is received, the patient may call the office to schedule the appointment.

For your convenience, please sign and return this notice (may be faxed) as authorization for this rating appointment. If you have any questions, please contact the office.

Authorization Signature: _____

Printed name of person signing the Authorization: _____

Very truly yours,

The Hand Center

