

Consultative Exam
Third Party Request for Assistance
NYS State Disability Review Unit

Contractor's Toll Free Number:

Date: Click here to enter date.

Contractor's Fax Number:

Order #: Click here to enter number.

Click here to enter third party name.

Client Name: Click here to enter name.

Click here to enter third party address.

Date of Birth: Click here to enter DOB.

Click here to enter third party address.

Client Address: Click here to enter address.

Click here to enter address.

Client ID Number (CIN): Click here to enter CIN.

Disability ID Number: Click here to enter DIN.

Dear Click here to enter third party name.,

The above named individual has an appointment with the specialist listed below at the date, time and location specified. The above named individual has indicated that you are someone who may be able to assist them in attending this appointment. If possible, please assist this claimant in any way necessary to attend this appointment. Thank you for your assistance.

Appointment Date and Time: Click here to enter a date. at Click here to enter time.

Specialist: Click here to enter specialist's name.

Address: Click here to enter specialist's address.

Click here to enter specialist's address.

Click here to enter specialist's address.

Specialist's Telephone Number: Click here to enter specialist's phone number.