**WORKERS’ COMPENSATION MEDICAL FORMS**

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|  | | | \*Reporte del Trabajador y del Proveedor Médico para Reclamaciones de Compensación para Trabajadores (827s)(Spanish) | | | | | 440-827s |
|  | | | \*\*Request for Administrative Review of Medical Issues (Bulletin 293) | | | | | 440-2842 |
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| Workers’ Compensation Division  Operations Section – Publications  350 Winter St. NE  P.O. Box 14480  Salem, OR 97309-0405 | | | | | | Phone: 503-947-7627  Fax: 503-947-7630 | | |
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