



Oregon

Tina Kotek, Governor



Workers'
Compensation
Division

Department of Consumer
and Business Services

WORKERS' COMPENSATION MEDICAL FORMS ORDER FORM

Your name: _____

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Quantity	Form title	Form #
	Worker's and Health Care Provider's Report for Workers' Compensation Claim	440-827
	*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

*Limited quantities are available for shipment.

**One copy will be shipped. Please duplicate as needed.

These forms are also available on our website: www.wcd.oregon.gov

Please mail or fax this order form to:

Workers' Compensation Division
Operations Section – Publications
350 Winter St. NE
P.O. Box 14480
Salem, OR 97309-0405

Phone: 503-947-7627
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440-3210 (3/24/WCD/WEB)