

EVALUATION FOR PERMANENT IMPAIRMENT

IC File #
Emp. Code #
Carrier Code #
Carrier File #
Employer FEIN

The Use Of This Form Is Required Under The Provisions of The Workers' Compensation Act

Employee's Name, Address, City, State, Zip, Home Telephone, Work Telephone, Social Security Number, Sex, Date of Birth, Employer's Name, Telephone Number, Employer's Address, City, State, Zip, Insurance Carrier, Policy Number, Carrier's Address, City, State, Zip, Carrier's Telephone Number, Fax Number

EMPLOYEE'S WORK-RELATED INJURY WILL RESULT IN:

MEMBER % OF IMPAIRMENT (IF AMPUTATION, DESCRIBE ON REVERSE.)

1) Thumb, 2) Index Finger, 3) Middle Finger, 4) Ring Finger, 5) Little Finger, 6) Great Toe, 7) Toes (other than great toe), 8) Hand, 9) Arm, 10) Foot, 11) Leg, 12) Back, Physician Signature, Printed Name, Fed. Tax ID Number, Date, Address

TEETH: Age of employee: List all crowns by number: List all extractions by number: Has dental work been completed? Yes No

VISION: List vision reading without the use of a corrective lens. Distance: Near: Percentage of loss: Right ear Left ear

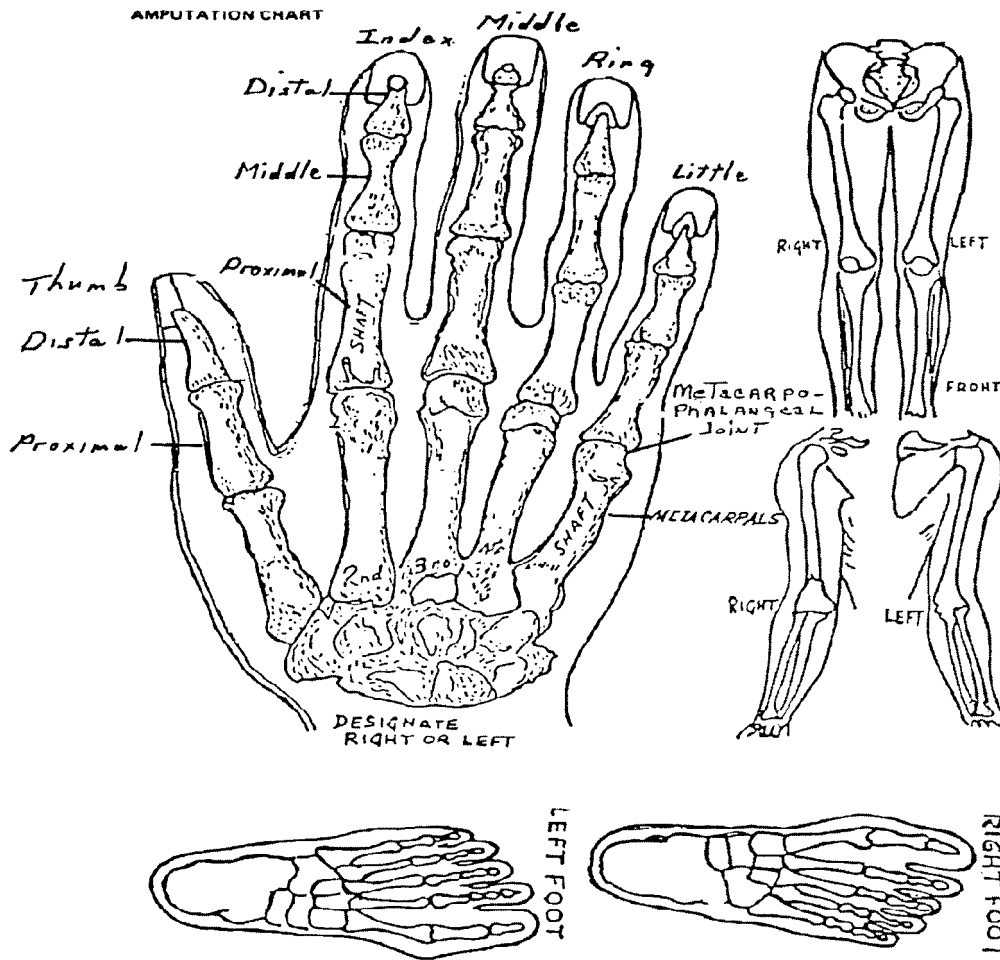
HEARING. Scale used: PLEASE ATTACH AUDIOGRAMS AND CALCULATIONS OF HEARING LOSS

OTHER: Permanent injury to or impairment of any other organ or part of body (identify) Disfigurement: Yes No Location: face head body

Table with 2 columns: For IC use ONLY, Nature, Body, Cause, SIC, Coder

FORM 25R

MAIL TO: NCIC -CLAIMS SECTION 4335 MAIL SERVICE CENTER RALEIGH, NORTH CAROLINA 27699-4335 MAIN TELEPHONE: (919) 807-2500 OMBUDSMAN: (800) 688-8349



Comments:

Rule 405
 Computation of **Compensation for Amputations**

- (1) Amputation of any portion of the bone of a distal phalange of a finger or toe at or distal to the visible base of the nail will be considered as equivalent to the loss of one-fourth (1/4) of such finger or toe.
- (2) Amputation of any portion of the bone of the distal phalange of a finger or toe proximal to the visible base of the nail will be considered as equivalent to the loss of one-half (1/2) of such finger or toe.
- (3) Amputation through the forearm at a point so distal to the elbow as to permit satisfactory use of a prosthetic appliance with retention of full natural elbow function shall be considered amputation of the hand. Otherwise, it shall be considered amputation of the arm.
- (4) Amputation through the lower leg at a point so distal to the knee as to permit satisfactory use of a prosthetic appliance with retention of full natural knee function shall be considered amputation of the foot. Otherwise, it shall be considered amputation of the leg.

A copy of this form must be provided to the employee or the employee's attorney of record if any. The original should be mailed to the Industrial Commission at the address below.

MAIL TO:
NCIC - CLAIMS SECTION
4335 MAIL SERVICE CENTER
RALEIGH, NC 27699-4335
MAIN TELEPHONE: (919) 807-2500
OMBUDSMAN: (800) 688- 8349