

DISABILITY INSURANCE
PO BOX 32
FRESNO CA 93707-0032



2547D10161

Mailing Date

RETURN TO: ----->



DISABILITY INSURANCE
PO BOX 989478
WEST SACRAMENTO CA 95798-9478

09-02-2023

NINA ROSHAWN ALLEN
5304 N COLONIAL AVE APT 101
FRESNO CA 93704-2355



(800) 480-3287

REQUEST FOR MEDICAL INFORMATION/PETICIÓN PARA OBTENER INFORMACIÓN MÉDICA

EDD Customer Account Number (EDDCAN)	CLAIM ID	SSN/ECN	CED
7711676254	DI-1011-100-415	XXX-XX-0306	04-28-2023

Claimant Instructions: To avoid a delay in issuing any Disability Insurance payment(s) to you, please have your current physician/practitioner complete this form and return it to us as soon as possible.

Instrucciones para el Solicitante: Este formulario contiene preguntas sobre su caso médico que solamente su doctor médico/profesional (médico) debe contestar. Para evitar un retraso en recibir su pago de beneficios del Seguro de Discapacidad (DI), por favor pídale al doctor médico/profesional (médico) quien lo atiende actualmente, que complete este formulario lo más pronto posible. Usted o su doctor médico/profesional (médico) pueden devolver este formulario a la oficina del Seguro de Discapacidad (DI) a la dirección indicada arriba.

Physician/Practitioner Instructions: For faster processing, the physician/practitioner may complete and submit this form online at www.edd.ca.gov. If this form is submitted online, you do not have to mail this form back to the Employment Development Department (EDD). When completing this form, **PLEASE PRINT WITH BLACK INK.**

1. I attended the patient for the present medical problem From: 08/13/2021 To: 09/13/2023
MM/DD/YYYY MM/DD/YYYY

At intervals of: Weekly ☐ Bi-Weekly ☐ Monthly ☐ ☒ Yearly

2. Diagnosis (REQUIRED): Lipedema
ICD Disease Code, Primary (REQUIRED): R60.9 ICD Disease Code, Secondary: I89.0
Findings (state nature, severity and bodily extent of the incapacitating disease or injury): Post-surgical swelling and pain in legs, right > left, difficulty walking, light headedness.
Type of treatment and/or medication rendered to patient: Lipedema reduction surgery followed by manual lymphatic drainage therapy.

History: Lipedema is a chronic disease. Nina Allen has had lipedema since 1994.

3. Diagnosis confirmed by (specify type of test or X-ray): Lipedema diagnosis is by clinical exam and lymphoscintigraphy.

4. Is this patient now pregnant or has she been pregnant since the date of treatment as reported above? Yes ☐ No ☐
If "Yes," date pregnancy terminated or future EDC: _____ Is pregnancy normal? Yes ☐ No ☐
MM/DD/YYYY
If "No," state the abnormal and involuntary complication causing maternal disability: _____



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