



Oregon

Theodore R. Kulongoski, Governor

Department of Consumer and Business Services
Workers' Compensation Division
350 Winter St. NE, Room 27
PO Box 14480
Salem, OR 97309-0405
1-800-452-0288, (503) 947-7810
TTY (503) 947-7993
www.wcd.oregon.gov

BULLETIN NO. 307 (Revised)
March 9, 2006

TO: Oregon medical providers and other interested parties

SUBJECT: Revised Spanish translation, Form 440-827-s:
"Reporte del Trabajador y Médico para Reclamaciones de Compensación para Trabajadores"
("Worker's and Physician's Report for Workers' Compensation Claims")

The Workers' Compensation Division has revised Form 827-s. This bulletin replaces Bulletin 307 issued January 26, 2001.

Please give this form to workers who may prefer the Spanish version. Use Form 827-s in the same way as the English 827. See OAR 436-010-0240 and Bulletin 292.

Use up your current stock of Form 827-s.

You may obtain the new form in one of three ways:

- 1) Order supplies of the carbonless snap-out forms by calling (503) 947-7627.
- 2) Copy the attached form.
- 3) Download a Microsoft Word 2000[®] (automated) 827-s from our Web site:
www.wcd.oregon.gov/policy/bulletins/formsbyno.html

Regardless of how you use the form, distribute copies of the completed form to the worker, insurer, and medical file.

If you have questions, please call the division at (503) 947-7585 or (800) 452-0288.

/s/ Jerry Managhan for

John L. Shilts, Administrator
Workers' Compensation Division

Attachment: Form 440-827-s

Distribution: WCD-ID, S0, S1, S4, S7, ME, ML, PT, LY.