Virginia Workers' Compensation Commission

Amputation Chart

Access your claim online: webfile.workcomp.virginia.gov

Jurisdiction Claim Number (JCN)

Claim Administrator Number

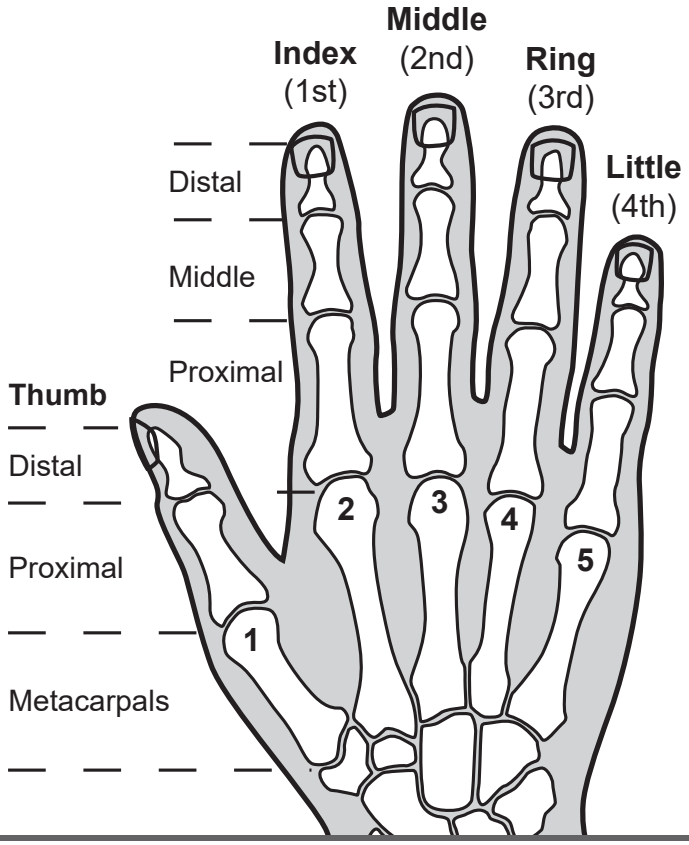
Injured Worker Information

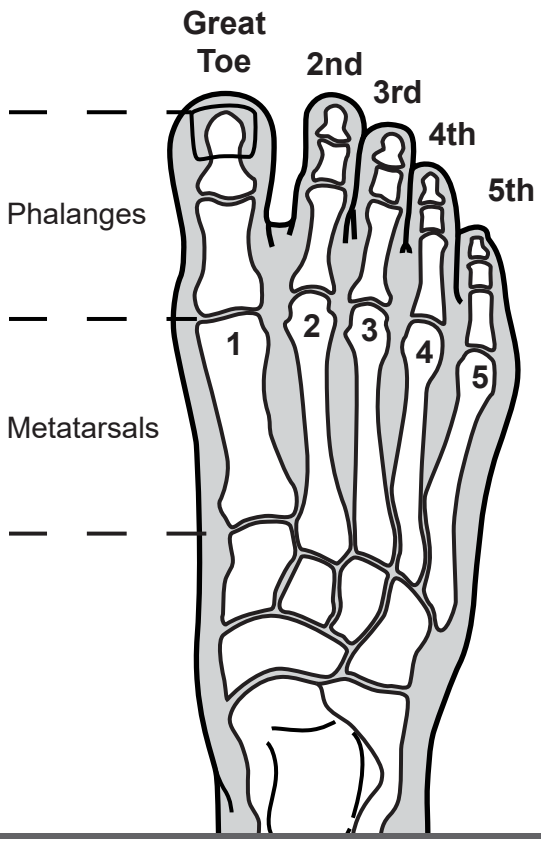
Patient's Name	Date of Injury/Occupational Disease	Date of Amputation

Name of Company/Employer

Amputation Chart - Hand/Foot

The physician should complete this form with a straight line drawn at the exact point of amputation. Circles are not acceptable.





Which hand?	Which foot?

Attending Physician

Attending Physician's Name

Address	City	State	Zip Code

I certify that I personally examined and treated this patient.

SIGNATURE OF PHYSICIAN DATE

Amputation Chart Process & Instructions

Amputation Chart

The treating physician completes this form to provide information to support an injured worker's claim which resulted in amputation to the hand, fingers, metacarpal bones; or, the foot, toes (phalanges) or metatarsals.

Instructions

The physician should complete this form with a straight line drawn at the exact point of amputation. Circles are not acceptable. This will allow the Commission to determine an accurate entitlement of permanent partial disability benefits.

This form may be filed electronically through the Commission's WebFile system at: webfile.workcomp.virginia.gov.

To file electronically, the user must have a valid and active WebFile account. This form may also be filed by mail or in-person at 333 E. Franklin St., Richmond, Virginia 23219.

For questions or assistance with completing this form, please contact the Virginia Workers' Compensation Commission toll-free at 1-877-664-2566.