

Third Appointment Progress Report
NYS Department of Health, State Disability Review Unit

Date: [Click here to enter a date.](#)

Client Name: Click here to enter name.	Date of Birth: Click here to enter DOB.	Order #: Click here to enter number.
Address: Click here to enter address. Click here to enter address.	Client ID Number(CIN): Click here to enter CIN.	Disability ID Number(DIN): Click here to enter DIN.

1. Contacted claimant on [Click here to enter a date..](#) Exam scheduled for [Click here to enter a date.](#) at [Click here to enter time.](#) and an appointment letter was sent on [Click here to enter a date.](#)
OR
 Unable to contact claimant after two attempts on two different days at two different times: [Click here to enter a date.](#) and [Click here to enter a date.](#) Exam scheduled for [Click here to enter a date.](#) at [Click here to enter time.](#), and an appointment letter was sent on [Click here to enter a date.](#)

2. Contacted third party on [Click here to enter a date.](#) and requested assistance. Third party assistance request letter sent on [Click here to enter a date.](#)
OR
 Unable to contact third party after two attempts on two different days at two different times: [Click here to enter a date.](#) and [Click here to enter a date.](#) Third party assistance request letter sent on [Click here to enter a date.](#)

3. Exam reminder notice sent on [Click here to enter a date.](#)