

**MEDICAL CONSULTANT'S REVIEW  
OF PHYSICAL RESIDUAL FUNCTIONAL  
CAPACITY ASSESSMENT**

REFERRING DDS

SSN OF NUMBER HOLDER

CLAIMANT'S NAME

DATE(S) SSA-4734-BK APPLICABLE

**PART A - EVALUATION**

SHOW *AGREE* OR *DISAGREE* WITH EACH SECTION OF THE SSA-4734-BK BY CHECKING THE CORRESPONDING ITEMS BELOW. (Discuss each disagreement in Part B.)

| I. <b>LIMITATIONS</b> - (Check "agree" if the DDS conclusions are reasonable and supported by evidence in the file.)                                                                                          | AGREE                    | DISAGREE                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| a. EXERTIONAL LIMITATIONS                                                                                                                                                                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| b. POSTURAL LIMITATIONS                                                                                                                                                                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| c. MANIPULATIVE LIMITATIONS                                                                                                                                                                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| d. VISUAL LIMITATIONS                                                                                                                                                                                         | <input type="checkbox"/> | <input type="checkbox"/> |
| e. COMMUNICATIVE LIMITATIONS                                                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| f. ENVIRONMENTAL LIMITATIONS                                                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| II. <b>SYMPTOMS</b> - (Check "agree" if the DDS discussed alleged or documented symptoms and assessed symptom-related limitations, not already addressed in Section I of the SSA-4734-BK)                     | <input type="checkbox"/> | <input type="checkbox"/> |
| III. <b>TREATING OR EXAMINING SOURCE STATEMENTS</b> - (Check "agree" if the DDS discussed all relevant treating or examining source statements not already discussed in Sections I or II of the SSA-4734-BK.) | <input type="checkbox"/> | <input type="checkbox"/> |

**PART B - DISCUSSION and/or COMMENTS**

- Cite each item in dispute (i.e., SSA-4734-BK section and item number).
- For each item cited, show your conclusions and explain how and why the evidence supports these conclusions.
- Annotate any necessary comments here.

**The Privacy and Paperwork Reduction Acts**

The information requested on this form is authorized by Section 223 and Section 1633 of the Social Security Act. The information provided will be used in making a decision on this claim. Failure to complete this form may result in a delay in processing the claim. Information furnished on this form may be disclosed by the Social Security Administration to another person or governmental agency only with respect to Social Security programs and to comply with Federal laws requiring the exchange of information between Social Security and other agencies.

*See Revised PRA Attached*  
**Paperwork Reduction Act Statement** - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 12 minutes to read the instructions, gather the facts, and answer the questions. You may send comments on our time estimate above to: SSA, 1338 Annex Building, Baltimore, MD 21235-6401. *Send only comments relating to our time estimate to this address, not the completed form.*

**PART C - CONCLUSION**1. ☐ AGREE2. ☐ DISAGREE (DDS SSA-4734-BK is based on sufficient evidence, but conclusions are not reasonable and/or supported by the evidence in file.)

MEDICAL CONSULTANT'S SIGNATURE

Sign

Text

MC CODE

DATE

Form SSA-392 (12-2004) ef (12-2004)

***The following revised PRA Statement will be inserted into the form at its next scheduled reprinting:***

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