Form	Approved	
OMB	No. 0960-	0880

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

	REFERRING DDS
	SSN OF NUMBER HOLDER
ı	
	CLAIMANT'S NAME
	DATE(S) SSA-4734-BK APPLICABLE

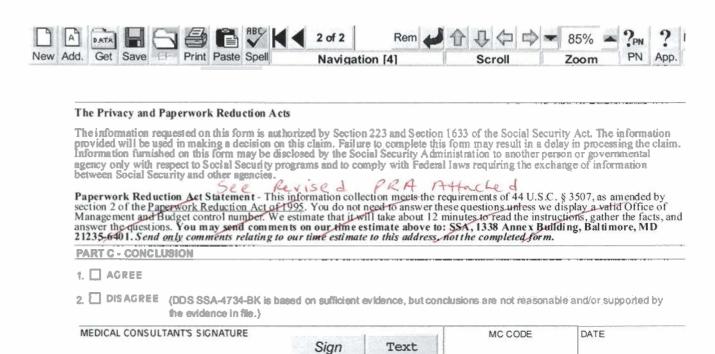
## **PART A - EVALUATION**

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. LIMITATIONS - (Check "agree" if the DDS conclusions are reasonable and supported by evidence in the file.)	AGREE	DISAGREE
a. EXERTIONAL LIMITATIONS		
b. POSTURAL LIMITATIONS		
c. MANIPULATIVE LIMITATIONS		
d. VISUAL LIMITATIONS		
e. COMMUNICATIVE LIMITATIONS		
f. ENVIRONMENTAL LIMITATIONS		
II. SYMPTOMS - (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)		
III. TREATING OR EXAMINING SOURCE STATEMENTS - (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.)		

## 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.



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

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

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the <u>Paperwork Reduction</u> 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, 6401 Security Blvd, Baltimore, MD 21235-6401. Send <u>only</u> comments relating to our time estimate to this address, not the completed form.