

Examinee Name: _____

In order to appropriately schedule and prepare for this evaluation, please answer the following questions pertaining to your case.

1. Please select all body parts involved in this case. Please note right/left/bilateral when appropriate.

Head/Face

Neck/Cervical spine

Mid back/Thoracic spine

Low back/Lumbar-sacral spine

Shoulder	Right	Left	Both
Elbow	Right	Left	Both
Wrist	Right	Left	Both
Hands/Fingers	Right	Left	Both
Hip	Right	Left	Both
Knee	Right	Left	Both
Ankle	Right	Left	Both
Foot/Toes	Right	Left	Both

Other: _____

2. Volume of Records

- Please give measurement in either inches or number of pages: _____
- Approximately how many special radiographic studies are available for review? (e.g., CT scans, MRI scans, Bone scans, X-rays, etc.) _____

3. What issues are being requested to address as part of this IME?

- Please *send a letter of instruction or joint letter of instruction* with specific queries and requests. Please note that any letters of instruction or joint letter of instruction from referring parties must be received at least 2 days prior to examinee's appointment in order to be addressed in the initial report and to avoid supplemental report fees.
- If an impairment rating is being requested as part of this evaluation, please note that it will be completed using the current 6th edition AMA Guides to the Evaluation of Permanent Impairment **UNLESS YOU SPECIFY OTHERWISE in a letter of instruction.**

Signature of Responsible/Billing Party

Print Name

Date