[Date]
[Doctor Name]
[Medical Facility Name]
[Address]
[City, State, Zip Code]

RE: Independent Medical Examination for [Employee Name]
Date of Birth: [DOB]
Date of Injury/Incident: [Date, if applicable]

Dear Dr. [Doctor Last Name],

This letter serves as a formal request for an Independent Medical Examination (IME) to determine the fitness for duty of the above-named individual. [Employee Name] is currently employed as a [Job Title].

We request that you evaluate the employee and provide a medical opinion regarding the following:

- Whether the employee is physically and/or mentally capable of performing the essential functions of their job, with or without reasonable accommodation.
- The nature and extent of any functional limitations or work restrictions.
- The expected duration of any identified restrictions.
- Whether the employee poses a direct threat to the health or safety of themselves or others in the workplace.

Enclosed please find a copy of the employee's formal job description and relevant medical records for your review. We request that your final report be sent directly to [Name/Department] by [Due Date].

Please contact [Contact Name] at [Phone Number] or [Email] if you require further information or need to reschedule the examination.

Sincerely,

[Your Name]
[Your Title]
[Company Name]