[Attorney Name/Law Firm]
[Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]

[Date]

[Doctor Name]
[Clinic/Facility Name]
[Address]
[City, State, Zip Code]

**RE: Letter of Representation and Notice of Examination**
**Claimant:** [Client Name]
**Date of Birth:** [DOB]
**Claim Number:** [Claim Number]
**Date of Loss/Injury:** [Date]
**Examination Date/Time:** [Date and Time]

Dear Dr. [Doctor Last Name],

Please be advised that this office represents [Client Name] in regards to the above-referenced matter. We understand that you have been requested to perform an Independent Medical Examination (IME) of our client on behalf of [Insurance Company/Opposing Counsel].

We kindly request that you provide this office with a copy of the final medical report and any supplemental reports generated as a result of this examination. Please also provide a copy of your current Curriculum Vitae (CV) and a schedule of your fees for this examination and any potential testimony.

Be advised of the following instructions regarding the examination:

- The examination is limited to the physical/mental injuries alleged in the pending claim.
- Our client has been instructed not to sign any waivers or legal documents at your office without our prior review.
- [Optional: Our client will be accompanied by a nurse practitioner/observer/videographer.]

Please direct all future correspondence and copies of reports regarding this client to our office. Thank you for your professional courtesies.

Sincerely,

[Attorney Signature]

[Typed Attorney Name]

cc: [Insurance Adjuster/Opposing Counsel Name]