[Date]

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

Re: Independent Medical Examination

Examinee Name: [Patient Name]
Date of Birth: [DOB]
Claim/Case Number: [Number]
Date of Injury: [Date]

Dear Dr. [Doctor's Last Name],

This letter serves to formally outline the scope and requirements for the Independent Medical Examination (IME) scheduled for [Date] at [Time].

1. Purpose of Examination
The objective of this evaluation is to provide an objective medical opinion regarding the examinee's current physical condition as it relates to the incident on [Date of Injury]. This is not for the purpose of providing medical treatment.

2. Records Provided for Review
Enclosed are the following records for your review prior to the examination:

- [List Medical Record Source 1]
- [List Medical Record Source 2]
- [List Imaging Reports/Diagnostic Tests]

3. Specific Issues to be Addressed
Please ensure your final report specifically addresses the following points:

- Verification of the diagnosis and its causal relationship to the injury.
- The current clinical status and objective findings.
- Whether the examinee has reached Maximum Medical Improvement (MMI).
- Specific physical restrictions or work limitations, if any.
- Recommendations for future medical care or rehabilitation.

4. Conduct of Examination
The examination should be limited to the areas of [Specify Body Parts/Systems]. Please inform the examinee that no doctor-patient relationship is being established.

5. Reporting Requirements
Please submit your written report within [Number] days of the examination. The report should

include your clinical findings, history taken, records reviewed, and answers to the specific issues listed above.

Thank you for your assistance in this matter.

Sincerely,

[Your Name/Signature]
[Your Title/Organization]
[Phone Number]