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

[Date]

[Opposing Counsel or Insurance Adjuster Name]
[Company Name]
[Address]
[City, State, Zip Code]

RE: [Client Name] v. [Defendant/Respondent Name]
Claim Number: [Number]
Date of Injury: [Date]

Dear [Name],

This letter serves as formal notice that a Nurse Observer will accompany our client, [Client Name], to the Independent Medical Examination (IME) scheduled for [Date] at [Time] with Dr. [Doctor's Name].

The Nurse Observer, [Nurse Name] from [Firm/Agency], is attending solely to observe the examination and take notes regarding the procedures performed. Please be advised of the following:

- The Nurse Observer will not interfere with or disrupt the examination.
- The Nurse Observer will not participate in the physical evaluation or provide medical advice.
- The Nurse Observer may use a recording device or written notes to document the proceedings.

We request that you notify the examining physician of the nurse's attendance prior to the appointment date to ensure a smooth process.

Thank you for your cooperation in this matter.

Sincerely,

[Your Signature]

[Your Printed Name]