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

[Date]

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

RE: Letter of Representation and Notice of Examination

Claimant: [Client Name]
Date of Birth: [DOB]
Date of Loss: [Date of Accident]
Claim Number: [Claim Number]
Examination Date/Time: [Date and Time of Appointment]

Dear Dr. [Doctor Last Name],

Please be advised that this office represents [Client Name] regarding the personal injury claim arising from the above-referenced date of loss. It is our understanding that your office has been requested to perform an Independent Medical Examination (IME) of our client on behalf of [Insurance Company/Opposing Counsel].

This letter serves as formal notice of our representation. We request that you adhere to the following guidelines regarding the examination:

- The examination is limited to the physical areas or conditions relevant to the specific injuries claimed.
- Our client will not be required to sign any legal waivers or medical releases provided by your office; any such documents should be sent to our office for prior review.
- Our client is instructed not to discuss the details of liability or the specific mechanics of the accident, but will provide a history of the injuries and symptoms.
- [Optional: A representative from our firm or a videographer may be present during the examination.]

Upon completion of your evaluation, please provide a copy of your final report, including all findings, conclusions, and any ratings, to our office at the same time it is provided to the party who requested the exam.

If there are any changes to the scheduled appointment or if you require specific medical records that have not yet been provided, please contact our office directly.

Thank you for your cooperation.

Sincerely,

[Signature]
[Printed Name]
[Law Firm Name]

CC: [Insurance Company Name/Adjuster Name]