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

[Date]

[Name of Examining Physician]
[Clinic/Facility Name]
[Address]
[City, State, Zip Code]

RE: Notice of Objection to Invasive Procedures
Claimant Name: [Your Full Name]
Claim/Case Number: [Your Case Number]
Date of Examination: [Scheduled Date]

Dear Dr. [Physician's Last Name],

I am writing regarding the Independent Medical Examination (IME) scheduled for [Date] at your facility. Please be advised that I do not consent to any invasive medical procedures, tests, or examinations during this evaluation.

Specifically, I object to and will not participate in the following:

- The drawing of blood or any other bodily fluids.
- The administration of injections or local anesthetics.
- Internal examinations of any kind.
- Any procedure that involves the penetration of the skin or entry into a body cavity.
- Radiological tests involving radiation (unless specifically authorized in writing by my counsel).

I am prepared to participate fully in a non-invasive physical examination, including verbal history, external observation, and standard range-of-motion testing that does not cause physical harm or involve the procedures listed above.

If you believe that any invasive procedure is strictly necessary for your evaluation, please document the specific medical justification for such a request and provide it to me and my legal representative prior to the commencement of the exam.

Thank you for your cooperation and for respecting my physical boundaries during this process.

Sincerely,

[Your Signature]

[Your Printed Name]

cc: [Name of Insurance Company/Adjuster]
[Name of Your Attorney, if applicable]