[Your Name]
[Your Address]
[Your Phone Number]
[Your Email]

[Date]

[Adjuster Name or Attorney Name]
[Insurance Company or Law Firm Name]
[Address]
[City, State, Zip Code]

Re: Demand for Independent Medical Examination (IME) Report

Claimant: [Your Full Name]
Claim Number: [Claim Number]
Date of Loss/Injury: [Date of Injury]
Date of Examination: [Date of IME Exam]
Examining Physician: [Name of IME Doctor]

Dear [Name of Contact Person],

I am writing to formally request a complete and unredacted copy of the Independent Medical Examination (IME) report prepared by [Name of Doctor] following the examination conducted on [Date of Examination].

Pursuant to [State Statute or Applicable Regulation, e.g., Workers' Compensation Rules or Discovery Rules], I am entitled to a copy of this report and any supplemental reports or correspondence issued by the examining physician regarding my medical condition and claim status.

Please provide a copy of the report to me at the address listed above within [Number of Days, e.g., 10 or 14] days of the date of this letter. If there are any administrative fees associated with duplicating this report, please notify me immediately.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]