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

[Date]

[Defense Counsel Name]
[Defense Law Firm]
[Address]
[City, State, Zip Code]

Re: [Plaintiff Name] v. [Defendant Name]
Case No.: [Case Number]

RE: OBJECTION TO DEFENSE MEDICAL EXAMINATION QUESTIONNAIRE

Dear [Counsel Name],

This letter serves as a formal objection to the written questionnaire and/or intake forms provided by the office of Dr. [Doctor's Name] in connection with the Defense Medical Examination (DME) of [Plaintiff Name] scheduled for [Date].

Please be advised that the Plaintiff will not be completing the provided questionnaire for the following reasons:

- **Redundancy:** The information requested regarding medical history, the facts of the accident, and current complaints has already been provided through verified discovery responses, deposition testimony, and produced medical records.
- **Scope of Examination:** The scope of the examination is limited by [Applicable Civil Procedure Rule] to a physical or mental examination. A written questionnaire constitutes additional unauthorized discovery.
- **Privilege:** Certain questions in the form may inadvertently seek information protected by attorney-client privilege or work product doctrine.
- **Inaccuracy:** Requiring a plaintiff to fill out complex forms under time pressure in a waiting room often leads to clerical errors that are later unfairly used for impeachment purposes.

The Plaintiff will provide the following information only upon arrival at the examiner's office: full name, date of birth, and a brief description of the current areas of physical complaint to facilitate the physical examination.

The examiner is encouraged to review the medical records and deposition transcripts already in your possession to obtain the history required for their evaluation.

Please contact my office if you wish to discuss this matter further.

Sincerely,

[Your Signature]

[Your Printed Name]