[Date]

[Examining Psychiatrist's Name]
[Clinic/Facility Name]
[Address]
[City, State, Zip Code]

RE: Letter of Representation and Notice of Examination
Patient Name: [Patient Name]
Date of Birth: [DOB]
Claim/Case Number: [Number]
Date of Examination: [Date of Appointment]

Dear Dr. **[Psychiatrist Last Name]**,

Please be advised that this office represents **[Patient Name]** in regard to their **[legal/insurance/workers' compensation]** matter. You have been requested to perform a Psychiatric Independent Medical Examination (IME) of our client on the date referenced above.

Authorization and Scope
Our client has been instructed to cooperate with the clinical evaluation. However, please note that this examination is not for the purpose of treatment, and no doctor-patient relationship is being established. We request that your evaluation be limited strictly to the psychiatric issues relevant to the specific **[injuries/conditions]** claimed in this case.

Recording and Attendance
Pursuant to **[insert applicable state law or civil code]**, please be advised of the following:

- Our client intends to have a third-party observer present during the examination.
- Our client intends to audio record the examination in its entirety.

Requests for Documentation
Please provide our office with a formal copy of your final report within **[number]** days of the completion of the examination. Additionally, we request a copy of any raw data, standardized test results, or questionnaires (such as MMPI, PAI, etc.) completed by our client during the session.

Thank you for your professional courtesy.

Sincerely,

[Your Name/Attorney Name]
[Law Firm Name]
[Phone Number]
[Email Address]

cc: [Insurance Carrier/Opposing Counsel Name]