

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

[Date]

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

**RE: [Case Name/Style of Case]**  
**Claim/File Number: [Number]**

Dear [Opposing Counsel Name],

This letter serves as a formal proposal to schedule an Independent Medical Examination (IME) for the Plaintiff, [Plaintiff Name], pursuant to [Insert Applicable Rule of Civil Procedure].

The defense proposes that the examination be conducted by [Doctor Name], a board-certified specialist in [Area of Specialty]. The purpose of this examination is to evaluate the nature and extent of the Plaintiff's alleged injuries, current physical condition, and to address issues regarding the mitigation of damages.

Specifically, the examination will focus on:

- Validation of current symptoms and clinical findings.
- Review of the necessity and appropriateness of past and future medical treatments.
- Assessment of the Plaintiff's functional capacity and ability to return to work.
- Identification of potential alternative treatments or rehabilitation efforts that may mitigate ongoing damages.

The examination is proposed for the following date and time:

**Date:** [Date]

**Time:** [Time]

**Location:** [Doctor's Office Address]

Please confirm your client's availability for this date by [Deadline Date]. If this date is inconvenient, please provide three alternative dates within the next 30 days. We are prepared to provide all relevant medical records and imaging to the physician in advance of the appointment.

In the interest of moving this matter toward resolution and ensuring an accurate assessment of damages, we look forward to your prompt cooperation.

Sincerely,

[Your Signature]

[Your Printed Name]