

Appointment of Independent Physician or Rehabilitation Evaluator

COURT CLAIM NO.	Claimant's Social Security #
Full Name of Claimant (Injured Employee)	
Claimant's mailing address	
City	State Zip Code
Claimant's Date of Birth	Claimant's Telephone # ()

Physician or Rehabilitation Evaluator
BODY PARTS FOR EXAM
Name of Respondent (Employer)
Name of Insurer
Date of Injury

IME Requested By: Court on its own motion Claimant Respondent Mutual Agreement

ISSUE(S):

1. ____ Is claimant currently temporarily totally disabled?
2. ____ Was claimant temporarily totally disabled from _____ to _____ ?
3. ____ Is claimant in need of additional medical treatment?
4. ____ Does claimant need pain management?
5. ____ Physician is authorized to treat, including referral for physical therapy per the fee schedule, if appropriate. (Treatment does NOT include surgery. Surgery must be expressly authorized under Court order or by express authorization of the carrier, or by mutual written agreement of the parties.)
6. ____ Physician is authorized to refer to Dr. _____ for (check ONLY those applicable): EVALUATION: Yes No TREATMENT: Yes No , of (insert body part(s) or condition(s) _____)
7. ____ Diagnostic testing that is reasonable and necessary to respond to the issues specified in this order is authorized.
8. ____ Surgery is authorized.
9. ____ Physician is requested to make specific recommendations regarding treatment.
10. ____ If treatment is not needed or if claimant has reached maximum medical improvement, physician is requested to rate nature and extent of permanent partial impairment, if any.
11. ____ Physician is requested to determine causation.
12. ____ Physician is requested to address the issue of apportionment, if applicable.
13. ____ Physician to determine if claimant has suffered a change of condition for the worse.
14. ____ Physician to determine if claimant is permanently and totally disabled.
15. ____ Physician may refer for a functional capacity evaluation, if appropriate.
16. ____ Physician to determine if claimant has suffered a material increase.
17. ____ Physician is directed to review (check ONLY those applicable): A VIDEOTAPE Yes No , [and] PHOTOGRAPH(S) Yes No , [and] AUDIOTAPE(S) Yes No , which shall be provided by the Respondent. The cost of the physician's review shall be borne by the Respondent in accordance with Court Rule 44. After reviewing, the physician shall address (insert issue(s) _____)
18. ____ Counselor is requested to perform rehabilitation evaluation, including recommendations for vocational retraining plans, if appropriate.
19. ____ Counselor is to determine transferable skills.
20. ____ Counselor is to provide job placement assistance.

IME Selected By: <input type="checkbox"/> Parties <input type="checkbox"/> Court
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Special Instructions

Appearances:

Claimant's Attorney, if represented OBA #	_____ Judge
Respondent's Attorney OBA #	_____ Date