



# IME Request Form

Firm Name: \_\_\_\_\_  
Street: \_\_\_\_\_ Suite: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Attorney: \_\_\_\_\_ Paralegal: \_\_\_\_\_  
Assistant: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Plaintiff/Claimant: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Date of Injury: \_\_\_\_\_  
Insured/Defendant: \_\_\_\_\_  
Claim Number: \_\_\_\_\_  
Medical Specialty (s): \_\_\_\_\_

Prior/Subsequent Conditions/Injuries: \_\_\_\_\_

Venue: \_\_\_\_\_

Specific Issues to Address and Instructions (use box below):

**\*Note: Unless otherwise specified, the report will be addressed to NAMJ**

**\*\*For NAMJ Use Only\*\***

Project ID            AM

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Additional Comments