



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

EN

Additional Comments