

**Medical Expert Evaluations**

6900 Jericho Turnpike, Suite 100E

Syosset, NY, 11791

T. 516-646-3339

F. 516-558-5508

MedExEval@aol.com

IME LIABILITY REQUEST**EXAM TYPE**☐ Independent Medical Examination (IME) ☐ Record Review ☐ Film Review ☐ Other:**SPECIAL INSTRUCTIONS**☐ Call To Discuss ☐ Pickup Medical Records ☐ Other:**REQUESTED BY**

Company Name: _____ Date: _____
Attorney Name: _____ Paralegal Name: _____
Address: _____
City/State: _____ Zip: _____
Phone: _____ Fax: _____
Attorney Email: _____ Paralegal Email: _____
File # _____ Claim # _____

BILLING PARTY

Company Name: _____ Adjuster: _____
Address: _____
City/State: _____ Zip: _____
Phone: _____ Email: _____

PLAINTIFF INFORMATION

Plaintiff Name: _____ DOB: _____
Plaintiff Attorney: _____
Firm Name: _____
Address: _____
City/State: _____ Zip: _____
Phone: _____ Fax: _____
Date of Injury/Loss : _____ Venue: _____
Insured: _____



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SPECIALTY

Specialty Needed: _____

Expert's Name: _____

ISSUES TO BE IDENTIFIED

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Diagnosis | <input type="checkbox"/> Pre-Existing Conditions | <input type="checkbox"/> Discussion of Findings | <input type="checkbox"/> Need For Surgery |
| <input type="checkbox"/> Ability to Return to Work | <input type="checkbox"/> Casual Relationship to Injury | <input type="checkbox"/> Need For Treatment | <input type="checkbox"/> Prognosis |
| <input type="checkbox"/> Treatment Reasonable, Necessary, and Appropriate | <input type="checkbox"/> Other Issues: | | |

ATTACHED

- | | | |
|--|--|---|
| <input type="checkbox"/> Bill of Particulars | <input type="checkbox"/> Medical Records | <input type="checkbox"/> Other (Specify): |
|--|--|---|

EXAM COMMENTS