

Canton Orthopaedics & Sports Medicine, P.C.
Phone# 770-479-4777 Fax# 770-479-9491

Request For IME

Patient Name _____ DOB _____

Address _____

Home _____ Work Phone# _____

SS# _____

Body Part Injured _____

Date of Injury _____

Check Below the Treatment the Patient has Received:

Treated by Dr. _____

Xrays

MRI

Physical Therapy

Pain Management Treatment

Surgery – Type of surgery (if known) _____

Employer _____ WorkPhone# _____

Address _____

Insurance Company Name _____

Address _____

Phone# _____ Fax# _____

Claim# _____

Please complete this form and fax it to our office. We will call you back, within 24 hours, with an appointment.

IME Requested By: _____