

**Select the requested service:**

- IME Only
- IME and Deposition
- EMG Only

**Select the preferred physician:**

- Scott Burgess, MD
- Mark DeHaan, MD
- Julian Kuz, MD
- Steve Naum, MD
- Randolph Russo, MD
- \_\_\_\_\_
- J. Todd Brown, DO
- James Ellis, MD
- B. Kent Maupin, MD
- Patrick Ronan, MD
- Scott Russo, MD

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Date of Injury \_\_\_\_\_ Complaint \_\_\_\_\_

Date of Trial (if applicable) \_\_\_\_\_

Who is requesting the appointment?

Attorney \_\_\_\_\_

Address \_\_\_\_\_

Contact Person \_\_\_\_\_ Ph# \_\_\_\_\_ Fax# \_\_\_\_\_

Insurance Company/Third Party \_\_\_\_\_

Address \_\_\_\_\_

Contact Person \_\_\_\_\_ Ph# \_\_\_\_\_ Fax# \_\_\_\_\_

Who is paying for this service?

\_\_\_\_\_ Claim # \_\_\_\_\_

Address \_\_\_\_\_

Is this examination requested in anticipation of or for use in a civil, criminal or administrative action or proceeding?

- Yes  No

*If yes, the party requesting this examination is responsible for asserting and defending any claim of attorney-client or work-product privilege. Unless the party requesting this examination consents to the release, the party requesting this examination agrees to defend, indemnify and hold harmless the examining physician or Orthopaedic Associates of Michigan from any liability or damages resulting from their refusal to release records received or created as part of this examination.*

Special Notes/Instructions: