Independent Evaluation Services, L.L.C

Referral Date:

Referred by:

Company: **Phone:** **Fax:**

Address: **Email:**

Defense Attorney: **Phone:** **Fax:**

Law Firm: **Email:**

Address:

Claimant's Name: **Date of Birth:**

Address: **Employer:**

Home Phone: **Date of Injury / Disability:**

Cell Phone: **Claim# / File#:**

Email: **Allegations:**

Plaintiff Attorney: **Phone:** **Fax:**

Law Firm: **Email:**

Address:

IES Service:

IME/IMO Re-Eval Impairment Rating EMG / NCV

Medical Record Review Peer/Utilization Review

Dx Testing FCE Medicare Set-Aside VA Exam

Case Type:

Work Comp No Fault Liability Disability: STD/LTD

Fitness for Duty FMLA Retirement Disability

Affidavit of Merit Meritorious Defense Review

Issues to be addressed:

Diagnosis / Prognosis Treatment (reasonable & necessary / duration) Maximum Medical Improvement (MMI)

Casual Relationship Return to Work (with or without restrictions) Pre-Existing Condition

Ability to Drive Household Services / Attendant Care

NOTES:

(For IES use Only)

Physician Name: **Specialty:** **Appointment Location:**

Appointment Date/Time: **Phone:** **Appointment Status:** Showed
No Showed
Showed was not Seen