IME PROVIDER EXAM SITES

IME provider name	Date
IME firm name	

1. Conduct exam in: ☐ OWN OFFICE ☐ IME FIRM OFFICE | Scheduling phone

Site name (if applicable)

Exam site address | City | State | ZIP+4 | Exam site phone

Mail records to (if different than above) | FAX records to:

City | State | ZIP+4

2. Conduct exam in: ☐ OWN OFFICE ☐ IME FIRM OFFICE | Scheduling phone

Site name (if applicable)

Exam site address | City | State | ZIP+4 | Exam site phone

Mail records to (if different than above) | FAX records to:

City | State | ZIP+4

3.. Conduct exam in: ☐ OWN OFFICE ☐ IME FIRM OFFICE | Scheduling phone

Site name (if applicable)

Exam site address | City | State | ZIP+4 | Exam site phone

Mail records to (if different than above) | FAX records to:

City | State | ZIP+4

4. Conduct exam in: ☐ OWN OFFICE ☐ IME FIRM OFFICE | Scheduling phone

Site name (if applicable)

Exam site address | City | State | ZIP+4 | Exam site phone

Mail records to (if different than above) | FAX records to:

City | State | ZIP+4

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