



23700 Orchard Lake Road Suite A Farmington Hills, MI 48336

Toll Free 877-442-MCME Phone (248) 442-9400 Fax (248) 442-9403

Date: _____ Time: _____ Loc: _____ Dr. _____
IME: Re-Eval IMO WC LIT NF Liability STD Disability Rec Rev Depo Testing: _____

Name: _____ SS#: _____
Address: _____ DOB: _____
City/State: _____ Zip: _____ DOI: _____
Phone: (_____) _____ Allegation: _____
Verbal Yes No Claim #: _____
Cite Yes No Insured: _____

CLIENT INFORMATION

Atty/Adjuster: _____ Company: _____
Address: _____
City: _____
Phone: (_____) _____ Fax: (_____) _____
Email: _____

CC REPORT/CC CITE TO:

Name: _____
Co/Firm Name: _____
Address: _____
City/State: _____

CC REPORT/CC CITE TO:

Name: _____
Co/Firm Name: _____
Address: _____
City/State: _____

- Diagnosis/Prognosis
Can the patient RTW full duty? If not, restrictions?
Does the patient require further treatment?

- Causal Relationship
Maximum Medical Improvement (MMI)
Permanent Partial Impairment (PPI rating)