

Appointment of Independent Physician or Rehabilitation Evaluator

COURT FILE NO.	Claimant's Social Security #
Full Name of Claimant (Injured Employee)	
Claimant's mailing address	
City	State Zip Code
Claimant's Date of Birth	Claimant's Telephone # ()

Physician or Rehabilitation Evaluator
BODY PARTS FOR EXAM
Name of Respondent (Employer)
Name of Insurer
Date of Injury

IME Requested By: Court on its own motion Claimant Respondent Mutual Agreement

ISSUES

1. _____ Is claimant currently temporarily totally disabled?
2. _____ Was claimant temporarily totally disabled from _____ to _____ ?
3. _____ Is claimant in need of additional medical treatment?
4. _____ Does claimant need pain management?
5. _____ Physician is to determine the nature and extent, if any, of continuing medical maintenance.
6. _____ By mutual stipulation of the parties, physician is authorized to treat, including referral for physical therapy per the fee schedule, if appropriate. (Treatment does NOT include surgery.) The parties waive any objection under 85 O.S. § 17(H) to the performance of said treatment and waive any objection under 85 O.S. § 14(G) to surgery if subsequently authorized.
7. _____ Physician is authorized to refer to Dr. _____ for (*check ONLY those applicable*): EVALUATION: , TREATMENT: , of (*insert body part(s) or condition(s)*) _____)
8. _____ Diagnostic testing that is reasonable and necessary to respond to the issues specified in this order is authorized.
9. _____ Surgery is authorized by mutual stipulation of the parties. The parties waive any objection under 85 O.S. § 14(G) to the performance of said surgery.
10. _____ Physician is requested to make specific recommendations regarding treatment.
11. _____ If treatment is not needed or if claimant has reached maximum medical improvement, physician is requested to rate nature and extent of permanent partial impairment, if any.
12. _____ Physician is requested to determine causation.
13. _____ Physician is requested to address the issue of apportionment, if applicable.
14. _____ Physician to determine if claimant has suffered a change of condition for the worse.
15. _____ Physician to determine if claimant is permanently and totally disabled.
16. _____ Physician may refer for a functional capacity evaluation, if appropriate.
17. _____ Physician to determine if claimant has suffered a material increase.
18. _____ Physician is directed to review (*check ONLY those applicable*): VIDEOTAPE(S) , [and] PHOTOGRAPH(S) , [and] AUDIOTAPE(S) , which shall be provided by the Respondent. The cost of the physician's review shall be borne by the Respondent in accordance with Court Rule 44. After reviewing, the physician shall address (*insert issue(s)*) _____)
19. _____ Counselor is requested to perform rehabilitation evaluation, including recommendations for vocational retraining plans, if appropriate.
20. _____ Counselor is to determine transferable skills.
21. _____ Counselor is to provide job placement assistance.

IME Selected By: <input type="checkbox"/> Parties <input type="checkbox"/> Court
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Special Instructions

Claimant's attorney, if represented OBA #	Judge
Respondent's Attorney OBA #	Date