

MEDICAL LEGAL CONSULTING, LLC
IME/EME and SMO Appointments

Patient Information

Patient Name: _____
Address: _____ City, State, Zip: _____
Date of Birth: _____ SSN: _____
Claim Number: _____

Injury Information

What part of body will Dr. Gandy examine? _____
Date of Injury: _____
Does Dr. Gandy need to address causation at this evaluation? _____ Yes _____ No
Will specific questions be sent for Dr. Gandy to answer in the report? _____ Yes _____ No
(If YES, please make sure the questions accompany the records or get emailed to Janine BEFORE the appointment)

Contact Information

Person completing this Form: _____
Name of Company: _____
Phone: _____ Fax: _____
Who is responsible for Payment? _____
List Name and Fax Number or Email of Those Who May Receive a Copy of the Report:

****PLEASE NOTE IF CAUSATION IS ASKED, THE EXAM IS CONSIDERED AN IME/EME ******

EXAMINATION	CHECK ONE
IME or EME – 6 th Edition	
Second Medical Opinion (SMO)	
Impairment Rating Only – 6 th Edition	

Upon completion of this form, please email to: jmorgan@medlegalconsultation.com.

Please make check payable to: Medical Legal Consulting, LLC
Tax ID#45-4534413

Please mail to: Medical Legal Consulting, LLC
ATTN: Janine Morgan, Administrative Assistant
747 N. Oakridge Drive, Brandon, MS 39047

**** The evaluation will take place at:
5360 I-55 North Frontage Road, Suite 119, Jackson, MS 39211**

FOR OFFICE USE ONLY

Appointment Date: _____ Fee: \$ _____ Updated Form 4.6.2023