

# Southern Orthopaedic Specialists

GENERAL ORTHOPAEDIC SURGERY • SURGERY OF THE HAND  
SPORTS MEDICINE • ARTHROSCOPIC SURGERY • SURGERY OF THE SPINE  
JOINT RECONSTRUCTION • SURGERY OF THE FOOT & ANKLE

ATTORNEY REQUEST FOR (check):      Evaluation & Treatment;      Written Report;  
     Independent Medical Exam (IME);      Second Medical Opinion (SMO);      Review of Records;

Examinee Name: \_\_\_\_\_ Sex: M  , F .

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN \_\_\_\_\_ Phone # \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Injured Body Part/s \_\_\_\_\_

Physician Requested: Dr. \_\_\_\_\_ Date of Injury \_\_\_\_\_

Attorney: \_\_\_\_\_ Law Firm: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Contact: \_\_\_\_\_

Tel # \_\_\_\_/\_\_\_\_/\_\_\_\_ Fax # \_\_\_\_/\_\_\_\_/\_\_\_\_ E-Mail \_\_\_\_\_

Medical Records to be sent: (check all that apply)

Physician/ER Notes     X-Rays (disk)\*     MRI\*     CT-Scan\*

\*ALL OUTSIDE FILMS AND/OR DISCS WILL BE DESTROYED IF NOT PICKED UP  
WITHIN 10 DAYS AFTER THE APPOINTMENT

**IMPORTANT: FOR EVALUATION AND TREAT, IF THE EXAMINEE PRESENTS THEIR INSURANCE CARD AT THE TIME OF  
REGISTRATION OUR INSURANCE CONTRACTS MAKE IT VERY CLEAR THAT WE MUST THEN BILL THEM FOR ALL  
SERVICES, NO EXCEPTIONS.**

*PAYMENTS AND ALL RECORDS & FILMS MUST BE RECEIVED AT LEAST ONE WEEK PRIOR TO APPOINTMENT DATE  
OR APPOINTMENT WILL BE CANCELLED. THERE WILL BE A \$500 CANCELLATION FEE FOR NO SHOWS OR CANCELLATIONS MADE  
ON SMOs & IMEs WITHIN THREE DAYS OF THE SCHEDULED APPOINTMENT. A NO SHOW ON A RUSHED DEADLINE IME OR SMO (2  
WEEKS FROM APPOINTMENT TO REPORT) WILL RESULT IN THE WHOLE IME FEE BEING FORFEIT. IF AN EVALUATION &  
TREATMENT APPOINTMENT IS A NO SHOW OR CANCELLED WITHIN THREE DAYS OF THE APPOINTMENT THERE IS A \$300 FEE. A  
CANCELLATION OR NO SHOW ON A SECOND APPOINTMENT WILL RESULT IN THE FORFEITURE OF THE WHOLE FEE. A FURTHER  
FEE MAY BE CHARGED AT THE DOCTOR'S DISCRETION FOR TIME SPENT REVIEWING RECORDS*

Additional fees may be charged for excessive records or multiple body parts at the doctor's discretion

Office use only:                      ACCOUNT # \_\_\_\_\_

APPOINTMENT TIME \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ INVOICE REQUESTED Y / N    INVOICE SENT Y / N