

# 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

## W/C REQUEST FOR

Date \_\_\_\_\_      Evaluation & Treatment      IME      SMO

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

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

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

Place of Employment: \_\_\_\_\_

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

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

CLM#: \_\_\_\_\_

Adjuster: \_\_\_\_\_ TEL#: \_\_\_\_\_ FAX# \_\_\_\_\_

Contact : \_\_\_\_\_ TEL#: \_\_\_\_\_ FAX# \_\_\_\_\_

Ins. Company Name and Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Prior Treatment \_\_\_\_\_ Referring Dr. \_\_\_\_\_

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

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

**\*PLEASE DELIVER ALL RECORDS AT ONE TIME. WE TAKE NO RESPONSIBILITY FOR ADDITIONAL RECORDS BEING OMITTED FROM THE REPORT, EVEN IF DELIVERED BEFORE THE APPOINTMENT. WE ARE NOT RESPONSIBLE FOR RECORDS AND FILMS IF NOT PICKED UP WITHIN 10 DAYS AFTER THE APPOINTMENT\***

**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 \$300 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 OR SMO 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