



Independent Medical Examination

You have been referred to PrimeCare Consulting, LLC for an Independent Medical Examination (IME). We appreciate the opportunity to be involved in your case. However, based on standard practice in the medical field, as IME providers we DO NOT prescribe treatment or medications or provide ongoing management of your care. You are here for a one time only Independent Medical Examination. At the request of _____, Dr. Wheeler will perform an examination and obtain a medical history from you. She will then review the medical records that have been provided. A report will be generated and forwarded to _____ and any other individuals that he/she may so direct. If you need a copy of the report that will be prepared, contact the individual who referred you to this office for evaluation. **WE CAN NOT PROVIDE YOU WITH A COPY OF THIS REPORT!**

In order to provide the most objective evaluation possible, the doctor will typically read your medical records AFTER your visit. Under some circumstances, the doctor may choose to review some or all of your records prior to seeing or examining you.

Your examination is specifically for the assessment of your medical problem as it relates to your injury and/or impairment. An IME is NOT meant to be a substitute for routine medical care with your family physician. By signing this form, I authorize examination by Dr. Eden Wheeler.

Thank you.

Patient Name: _____
(Please print)

Patient Signature: _____

Date: _____

Witness: _____