

## ADDITIONAL INFORMATION (if any)

Whether you prefer we call you directly or go through your assistant/nurse or if you prefer certain days and locations. We want to make scheduling easy for you. Let us know any information that is helpful.

**1. Locations** - What is the name and address of the locations you will do IME services?

**2. Days and times** (if any) - Do you have particular days and times you prefer to do IMEs?

**3. Scheduling** - When we need to set up an appointment we usually need to schedule quickly. Who is the best person to contact M-F from 9-5 to schedule an IME.

**4. Payment** - Provide the address you would like payment for your service sent.

**5. Additional info** (if any) - What do you specialize in? Any IME training/certifications? Etc.