

**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 <sup>th</sup> Edition	
Second Medical Opinion (SMO)	
Impairment Rating Only – 6 <sup>th</sup> Edition	

**Upon completion of this form, please email to: [jmorgan@medlegalconsultation.com](mailto: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:  
971 Lakeland Drive, Suite 225, Jackson, MS 39216  
(St. Dominic East Tower/2<sup>nd</sup> Floor)**

**FOR OFFICE USE ONLY**

Appointment Date: \_\_\_\_\_ Fee: \$ \_\_\_\_\_ Updated Form 9.28.2021