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 RESPONSIBILTY 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 CANCELATION 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 CANCELATION 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