

STATE OF OKLAHOMA WORKERS' COMPENSATION COURT OF EXISTING CLAIMS
ORDER APPOINTING INDEPENDENT MEDICAL EXAMINER

DOCTOR _____ **BODY PART(S)** _____
 (Physician and Body Part(s) to be seen must be on the IME list)

In re Claim of:

THIS SPACE FOR COURT USE

Claimant Name (Injured Employee)	Claimant's Date of Birth
Claimant's Social Security Number (LAST 4 DIGITS ONLY)	Claimant's Phone Number
Employer Name (Respondent)	FILE NO.
Employer's Insurance Carrier	Date of Injury
IME Requested By: <input type="checkbox"/> Claimant <input type="checkbox"/> Respondent <input type="checkbox"/> Agreement <input type="checkbox"/> Court's own motion	IME Selected By: <input type="checkbox"/> Parties <input type="checkbox"/> Court

Revised 09/07/16

THE RESPONDENT SHALL PROVIDE THE DESIGNATED PHYSICIAN WITH A FILE-STAMPED COPY OF THIS ORDER AND SCHEDULE AN APPOINTMENT WITHIN 7 DAYS OF ORDER RECEIPT AND NOTIFY THE CLAIMANT (Original Order to Order Department - Certified Copies Mailed to Parties)

ISSUES:

1. ___ Is claimant currently temporarily totally disabled?
2. ___ Was claimant temporarily totally disabled from _____ to _____?
3. ___ Is claimant in need of additional medical treatment? Treatment is not authorized.
4. ___ Physician is to make specific recommendations regarding treatment.
5. ___ Does claimant need pain management?
6. ___ Physician is to render an opinion regarding the nature and extent, if any, of continuing medical maintenance.
7. ___ Physician is to render an opinion regarding the reasonableness and necessity of surgery recommended by the treating physician.
8. ___ Physician is to render an opinion whether or not medical treatment provided according to either the work loss data institute's Official Disability Guidelines (ODG) or the Oklahoma Treatment Guidelines (OTG), as applicable, is in the best interests of the employee.
9. ___ Diagnostic testing that is reasonable and necessary to respond to the issues specified in this order is authorized.
10. ___ If treatment is not needed or if claimant has reached maximum medical improvement, physician is requested to rate nature and extent of permanent partial impairment, if any.
11. ___ Physician is to render an opinion regarding causation of claimant's complaints.
12. ___ Physician is to address the issue of apportionment, if applicable.
13. ___ Physician is to render an opinion whether claimant has suffered a change of condition for the worse.
14. ___ Physician is to render an opinion whether claimant is permanently and totally disabled.
15. ___ Physician is directed to review a videotape which shall be provided by the respondent.
16. ___ Physician is to render an opinion whether claimant is permanently and totally disabled as the result of the combination of injuries.
17. ___ Physician to address if vocational rehabilitation is indicated.
18. ___ _____

BY ORDER OF _____
COURT OF EXISTING CLAIMS JUDGE

Print Claimant/Counsel	Print Employer-Respondent//Counsel
Phone Number Fax Number	Phone Number Fax Number
Address (Number and Street)	Address (Number and Street)
City State Zip	City State Zip
Adjuster Name/Phone Number	

* CC: THE PHYSICIAN SHALL MAIL THE ORIGINAL OF ALL REPORTS TO EACH ATTORNEY (OR PRO SE CLAIMANT) NOTED IN THIS ORDER.