



10429 W Reno Ave
Oklahoma City, OK 73127
Phone: 405-440-2095
Fax: 405-440-2318
Email: corp@rheahealth.com
Web: www.rheahealth.com

Independent Medical Examination Referral Form

Dr. Leslie R. Welch, DC, NRCME, CICE

Rhea Health

10429 W Reno Ave, Suite 100

Oklahoma City, OK 73127

Phone: (405) 440-2095 | Fax: (405) 440-2318

Email: Lesliew@rheahealth.com

Referring Party Information

Referring Company/Attorney/Firm: _____

Referring Contact Name: _____

Phone: _____ Fax: _____

Email: _____

Billing Address: _____

Examinee Information

Name: _____

Date of Birth: _____ Age: _____

Gender: _____ Handedness: _____

SSN or Claim #: _____

Date of Injury: _____

Employer at Time of Injury: _____

Job Title: _____



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Examination Details

Type of Exam Requested (check all that apply):

- ☐ IME ☐ Impairment Rating (AMA Guides 6th Ed.) ☐ Record Review Only
☐ Fitness-for-Duty ☐ Disability Eval ☐ Second Opinion ☐ Other: _____

Records to be Sent: _____

- ☐ Imaging (MRI/X-ray/CT) ☐ Prior Treatment Notes ☐ Surgery Reports
☐ FCE Reports ☐ Other: _____

Specific Questions to be Addressed in Report:

Preferred Evaluation Date Range: _____

Interpreter Needed? ☐ Yes ☐ No Language: _____

Authorized Referring Party Signature: _____

Date: _____