wma
western medical assessments
evidence-based clarity

Request Form

CLIENT Information

Organization

Last Name | **First Name**

Street Address | **City**

Province | **Postal Code**

Direct Phone | **Fax Number**

Email

CLAIMANT Information

Last Name | **First Name**

Street Address | **City**

Postal Code | **Email**

Main Phone | **Birth Date**

Interpreter Required: Yes / No

Gender: Male / Female

CASE Details

Date of Loss

Is the claimant currently working?: Yes / No

Current Concerns

SCHEDULING

Service Required

	Independent Medical Examination — IME		Tele-Psychiatric IME
	Independent Dental Examination — IDE		Functional Capacity Evaluation — FCE
	Video Surveillance Analysis Report — VISAR		Investigations
	Medical Malpractice		Document Review

City Requested

Specialist Requested

Terms and Conditions

1. A file opening fee may be charged to Client, to include but not limited to Medical Director's fee; admin and/or clerical time; long distance and other disbursements.
2. Payment for services rendered is due upon receipt of invoice, net 30 days. Payments are to be addressed to Western Medical Assessments, 17204-106A Avenue, Edmonton, Alberta, T5S 1E6.
3. Any late cancellation (date will be stipulated in our letter with Appointment details) or no-show fee is the Client's responsibility to cover, terms as in 2) above.