Northeast Rehab
Spine • Sports • Neuro • Pain

Please send completed form via fax to 570-614-0208
or, submit your request online at https://nerehab.com/ime-form/

Patient Information

Patient Name (Last, First)	
Address	
Date of Birth (mm/dd/yyyy)	
Social Security #	
Phone #	
Date of Injury (mm/dd/yyyy)	
Type of Injury	
Type of Case (If other, please explain here)	☐ Workers' Comp ☐ Motor Vehicle ☐ NYS WC ☐ Other

Insurance Information

Insurance Carrier		
Contact		
Claim #		
Address		
Phone #		Fax #
Email Address		

Referral Information (Complete only if different than listed above)

Referral Source (ie: Case Manager, Vocational Specialist)		
Company Name		
Address		
Phone #		Fax #
Email Address		

Employer Information

Employer Name		
Contact		
Address		
Phone #		Fax #

Physician & Location

- All appointments scheduled on a first available basis, unless a specific physician or location is requested.
- All physicians do not perform IMEs in all locations. For more information on our physicians and locations, please visit out website at www.nerehab.com.

Physician or Location Preference (if any)	
Comments	

If you are not contacted in 24 business hours regarding this request, call Kathleen Gleason Boyd at 570-344-3788 x315.

Updated 8/24/2021 km