Washington State Department of Labor & Industries

Independent Medical Exam Comments

Provider Quality & Compliance
PO Box 44322
Olympia WA 98504-4322

Please use the space below to give us your comments, positive or negative, about your recent IME.

Date of Exam	Claim Number
IME Company Name (if known)	
Name of Doctor (if known)	Name of Doctor (if known)

Comments — Please be specific:

Signature

Date