

Fax to: L&I Central Scheduling Unit (206) 515-2791
and Claim Manager (360) 902-6252

**NOTICE OF IME NO-SHOW
Or Late Cancellation**

Worker name _____ Claim _____
Claim _____
Claim _____
Claim _____
Claim _____

IME FIRM

IME EXAMINER

CONTACT NAME

CONTACT PHONE NUMBER / EXTENSION FAX NUMBER

This worker didn't attend the following exam:

Date: _____

Reason: _____

Location: _____

Specialty: _____

INDEX TO: IME