MCN®
MEDICAL CONSULTANTS NETWORK®

Fax Scheduling Form

☐ **EAST**
1 Huntington Quadrangle, 3C10
Melville, NY 11747
Phone: 800.394.4637
Fax: 631.454.8522
newyork@mcn.com

☐ **WEST**
901 Boren Avenue, Suite 1400
Seattle, WA 98101-3529
Phone: 800.636.3926
Fax: 206.623.4956
network@mcn.com

☐ **SOUTHEAST**
14502 N Dale Mabry Hwy,
Suite 227
Tampa, FL 33618
Phone: 800.331.6269
Fax: 813.968.3104
mcn-tampa@mcn.com

Exam Information

Service Requested *(please mark all that apply)*

☐ IME Only ☐ Chart Review
☐ FCE Only ☐ Psychological Testing
☐ IME with FCE ☐ Neuropsychological Testing

Specialty Requested *(please mark all that apply)*

☐ Orthopedist ☐ Chiropractor ☐ Neurosurgeon
☐ Neurologist ☐ Neuropsychologist ☐ Psychologist
☐ Psychiatrist ☐ Other _____

If this request includes an FCE, who is responsible for procuring the FCE prescription from the attending physician?

☐ ***Script is attached*** ☐ ***Client*** ☐ ***MCN***

☐ ***Yes,*** I have medical records to send for this exam.
They are _____ inches thick.
☐ ***No***, I do not have medical records to send for this exam.

☐ STD ☐ LTD ☐ CD ☐ Work Comp ☐ Casualty

Patient/Claimant Information

Patient Name Gender M F	Claim/Control Number	Employer
Patient Address	Diagnosis	Employer Phone
City/State/Zip	Date of Injury/Date of Disability	Attorney
Home Phone	Attending/Treating Physician	Attorney Address
Social Security Number Date of Birth	Attending/Treating Address	City/State/Zip
State Claim Filed In	Attending/Treating Phone	Attorney Phone

Client/Contact Information

Name	
Address	Title
City/State/Zip	E-mail Address
Phone Number	Fax Number

Special Instructions

_____
_____
_____

For MCN use:

Date received: _____
Date scheduled: _____
Schedule by: _____