Motion & order for independent medical examination

1. The following form may be used to request a hearing in order to have the Court order an independent medical examination.

Motion for independent medical examination

CAUSE NUMBER _____

[Name],
PLAINTIFF

IN THE [Type of Court] COURT

[Court number]

vs.
[Name]
DEFENDANT

OF [NAME] COUNTY, TEXAS

MOTION FOR INDEPENDENT MEDICAL EXAMINATION

[Name], "Movant," requests the Court to order an independent medical examination of [Name of opposing party],_____.

1. [Plaintiff or defendant], [Name], instituted a cause of action against Movant for damages allegedly sustained as a result of an incident occurring on or about [date of accident].

2. Movant would show that the physical condition of [Name of opposing party] is in controversy and requests the Court to order [Name] to submit to a physical examination by [Name of doctor].

3. Movant further requests the Court to specify a time, place and scope of the examination to be performed by [Name of doctor].

4. Movant would ask that the examination be performed at [place of medical examination] where adequate medical facilities to perform the exam are available.

5. The costs of this medical examination as well as reasonable travel expenses for [opposing party] will be borne by the Movant, and a copy of the report will be supplied to opposing counsel free of charge.

PRAYER

Movant prays the Court to Order to present [himself or herself] to [Name of doctor] for a complete medical examination.

Respectfully Submitted,

_____
[Law Firm Name]

By _____
[Attorney's Name]

Attorney for [Plaintiff, Defendant or Movant]
[Attorney's Address]
[Telephone Number]
[Facsimile Number]
[Bar Card Number]

CAUSE NUMBER _____

[Name],
PLAINTIFF

vs.
[Name],
DEFENDANT

IN THE [Type of Court] COURT

[Court number]

OF [NAME], COUNTY, TEXAS

ORDER GRANTING INDEPENDENT MEDICAL EXAMINATION

On _____ the court considered [Movant's Name] Motion for Independent Medical Examination.

After considering the motion, the court decided that the request should be granted.

It is ORDERED [Name] shall be examined by [Name of doctor], at [location] at [day and time].

[State: granted or denied. If the motion is denied, state denied and delete the last paragraph]

Signed on _____

_____
JUDGE PRESIDING

APPROVED AS TO FORM AND SUBSTANCE:

_____
[Law Firm's or Attorney's Name]
Attorney for [Plaintiff or Defendant]
[Address]
[Telephone & facsimile numbers]
Texas Bar no. [Number]

APPROVED AS TO FORM ONLY:

_____
[Law Firm's or Attorney's Name]
Attorney for [Plaintiff or Defendant]
[Address]

[Telephone & facsimile numbers]
Texas Bar no. [Number]

PREVIEW

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THANK YOU