

Duffield Ashmead, M.D.
Board Certified Plastic Surgeon
Fellowship Trained Hand Surgeon
Assistant Clinical Professor – UCONN

Daniel J. Mastella, M.D.
Board Certified Orthopaedic Surgeon
Fellowship Trained Hand Surgeon
Assistant Clinical Professor – UCONN

H. Kirk Watson, M.D.
Board Certified Orthopaedic Surgeon
Fellowship Trained Hand Surgeon
Clinical Professor – UCONN



195 Eastern Boulevard
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Fax (860) 652-8410

Billing Department
(860) 781-6263
Fax (860) 652-8412

Toll Free 1-877-358-HAND (4263)
www.thehandcenteronline.com

INDEPENDENT MEDICAL EVALUATION SCHEDULING SHEET

Please fill out completely and fax to our office @ 860-652-8410.

PATIENT INFORMATION:

Name: _____

Street: _____

City / State / Zip Code: _____

Phone Number: _____ DOB: _____ SS#: _____

SCHEDULER INFORMATION:

Company Name: _____ Contact: _____

Street: _____

City / State / Zip Code: _____

Phone #: _____ Fax #: _____

Claim #: _____ Date of Injury: _____ Body Part: _____

Please check: ☐ CT Workers' Comp Claim ☐ Workers' Comp from outside CT

☐ Liability ☐ Motor Vehicle Accident

****** Pre-payment is requested for all IMEs scheduled ******

BILL TO: ☐ same as scheduler If different, complete:

Insurance/Comp Carrier Name: _____

Insurance address: _____

APPOINTMENT:

With whom is the appointment to be made? Dr. Ashmead / Dr. Mastella / Dr. Watson

Please note here any preference to Location / Date / and/or Time: _____

Please mail all correspondence to the Glastonbury location.

To be filled out by our office and then faxed back to you:

Date and Time of scheduled appointment: _____

_____ **Glastonbury**
195 Eastern Blvd.
Suite 200
Glastonbury, CT 06033

_____ **Hartford**
85 Seymour St.
Suite 816
Hartford, CT 06106

_____ **Farmington**
399 Farmington Ave.
Suite LL-1
Farmington, CT 06032

_____ **Tolland**
100 Gerber Dr.
Suite 2C
Tolland, CT 06084