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March 13,2001

Mr. Duret Smith, M.D. 14601 Detroit Ave. Ste# 700 Lakewood Hospital Professional Building Lakewood,OH 44107

RE: John Seelie Claim Number: CNAP1125665L1

Dear Dr. Smith:

Thank you for agreeing to conduct the independent medical examination. For your review, in conjunction with the examination, 1 am enclosing copies of records obtained from the above individual's medical providers. Specifically, you will find enclosed copies of records from the following providers:

- 1. Regional Diagnostics imaging Inc.
- 2. Dr. Kim L. Stearns
- 3. Fairview Hospital

Additional records will be forwarded to you as they are received.

After you have examined this individual, please provide us with your report detailing both your examination and findings. We further would appreciate your opinions relative to the following issues:

1. What injuries, if any, were sustained in the motor vehicle accident of 07/01/1999;

2. Whether any such injuries suffered in the accident of 07/01/1999 constituted n'ew and distinct injuries or aggravations of pre-existing conditions;

3. Whether this individual continues to suffer from any injuries allegedly sustained in the motor vehicle accident of 07/01/1999 or whether any of his or her current complaints, if any, related to other and/or pre-existing conditions;



4. Whether this individual suffers from any impairment or disability proximately related to the motor vehicle accident hereinbefore mentioned, or, should he or she suffer any such disability, whether it is related to other and/or pre-existing conditions;

5. Whether this individual should be under any type of restrictions or limitations with respect to any activities.

After you have examined this individual, please forward this office your statement for services rendered and we will see to it that payment is remitted promptly.

Thank you for your assistance.

Very truly yours, -J.C.

Perrin L Sah

PIS/cw

Enclosures