

Order an Exam

Complete the fields below and save the form on your computer. Next, select the link to upload the completed form to IMR. Your request will be processed within 2 hours of receipt weekdays between the hours of 8:00 a.m. and 5:00 p.m. (excluding holidays). You will receive an email confirmation of your request which can be used for tracking purposes. Please enter the entire street address if this is an "out of town" order !

Client Info:

First Name:

Middle Initial:

Last Name:

City:

State: (e.g. FL)

Zip Code: (e.g. 32257)

Home Phone: (e.g. 904-733-2222)

Work Phone: (e.g. 904-733-2222)

Date of Birth: (e.g. 08/18/1965)

Insurable Age:

Policy Info:

Policy Amount: \$ (e.g. \$5,000,000)

Insurance Co.:

Agent Name:

Agent email address:

Smoker? No

Preferred? No

Other Comments:

IMR Jacksonville

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