

CLINICAL NEGLIGENCE REPORT INSTRUCTION FORM



Where did you hear about Photofile?

Please Tick

Previously Instructed APIL Conference AvMA Conference MASS Conference Internet Mail Campaign Word of Mouth
Other (please specify)

Instructing Party

Name*:
Address*:
Postcode*:

Fee Earner*:
Reference Number*:
Email Address*:
Direct Dial*:

Claimant Details

Name:
Address:
Postcode:

Date of Birth:
Home Telephone:
Work Telephone:
Mobile Number*:
Email Address:
No Win No Fee Taxi required?
Yes: No:

Litigation Friend Details

Name:
Address:
Postcode:

Date of Birth:
Home Telephone:
Work Telephone:
Mobile Number*:
Email Address:
Association with client?

Accident Details

Injuries sustained*:
Has your client sustained any scarring as a result of the injury?

Date of Accident:
Type of Accident*:
CNF Date:

Defendant Details

Name*:
Address*:
Postcode*:

Telephone*:
Claim Reference Number*:

Medical Expert Required

Nominations Required*: If Yes: No: Solicitor: TPI: Type of Medical Expert e.g. GP, Consultant, A&E:

Medical Records Required

If Yes, then who is the sourcing party?
Solicitor: Agency: Agency copy to Solicitor: Who would you like to obtain the FoA?
Photofile: Solicitor:
If Yes, type of record:
GP: Hospital: Both: Other (please state):
Do you require the medical records to be collated and paginated? Yes: No:

Type of Report Required

Causation Report Special Instructions:
Conditions and Prognosis Report
Breach of Duty Report
Reports required separately? Yes: No:

Would you like to receive information in relation to any of the below products, in relation to this claim?

Scarring Reports DVD Services Locus Reports Locus-in-Motion 'Classic' Locus-in-Motion '2nd Generation' DAQs
Rehabilitation Pagination Triage Digital Evidence for CICA Claims

SUBMIT

Please print and fax to 01285 658 108
Scan and Email to enquiries@photofilemedical.co.uk

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