

# MEDICAL 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:

Date:   
Fee Earning\*:   
Reference Number\*:   
Email Address\*:   
Direct Dial\*:   
Facsimile:

## Claimant Details

Name:   
Address:

Date of Birth:   
Home Telephone:   
Work Telephone:   
Mobile Number:   
Email Address:

No Win No Fee Tax required?

Yes:  No:

## Litigation Friend Details

Name:   
Address:

Date of Birth:   
Home Telephone:   
Work Telephone:   
Mobile Number:   
Email Address:

Association with client?

## Accident Details

Injuries sustained\*:

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

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

## Third Party Insurer

Name\*:   
Address\*:   
Postcode\*:

Telephone\*:   
Claim Reference Number\*:

## Medical Expert Required

Nominations Required\*:

Yes:  No:

If Yes:

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:

## Rehabilitation Required

Type of Treatment?

Special Instructions:

## 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

Photofile Medical Ltd, Globe house, Love Lane, Cirencester, Gloucestershire GL7 1YG Tel: 01285 650 899