

# PHOTOGRAPHIC EVIDENCE FOR PORTAL INSTRUCTION FORM



**photofile**  
SEEING IS BELIEVING

## 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:

Reference:

Telephone:

Facsimile:

Email Address:

Other point of contact:

## Claimant Details

Name:

Address:

Area(s) to be photographed

Date of Birth:

Date of Accident:

Home Telephone:

Work Telephone:

Mobile Number:

Special Instructions

## Litigation Friend Details

Name:

Address:

Postcode:

Date of Birth:

Home Telephone:

Work Telephone:

Mobile Number\*:

Email Address:

Association with client?

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

Locus Reports  DAQs  Medical Reporting  Rehabilitation  Locus-in-Motion 'Classic'  Locus-in-Motion '2nd Generation'

DVD Services  Pagination  Triage  Digital Evidence for CICA Claims

**SUBMIT**

Please print and fax to 01285 658 108

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