

INSTRUCTION FORM

*Please complete this form in **BLOCK CAPITAL LETTERS** and fax to 08707 48 48 01.
Please post the original completed form with cover letter and enclosures to
doctors evidence limited, 100 Commerce House, High Street, Sutton Coldfield B72 1AB.*

Company Name	<input style="width: 100%;" type="text"/>
Address (If required)	<input style="width: 100%;" type="text"/>
County	<input style="width: 100%;" type="text"/>
Postcode	<input style="width: 100%;" type="text"/>
Company Contact Person	<input style="width: 100%;" type="text"/>
Telephone Number	<input style="width: 100%;" type="text"/>
Date	<input style="width: 100%;" type="text"/>
Company Reference Number	<input style="width: 100%;" type="text"/>
doctors evidence Reference Number (if known)	<input style="width: 100%;" type="text"/>

Dear Sirs,

We hereby instruct doctors evidence limited to arrange for a report to be completed on the claimant indicated below in accordance with the Protocol.

Claimant Title (Mr, Miss, Mrs etc.)	<input style="width: 100%;" type="text"/>
First Name	<input style="width: 100%;" type="text"/>
Surname	<input style="width: 100%;" type="text"/>
Date of Birth	<input style="width: 100%;" type="text"/>
Address	<input style="width: 100%;" type="text"/>
County	<input style="width: 100%;" type="text"/>
Postcode	<input style="width: 100%;" type="text"/>
Home Telephone	<input style="width: 100%;" type="text"/>
Mobile	<input style="width: 100%;" type="text"/>
Work Telephone & Extension	<input style="width: 100%;" type="text"/>
Date of Accident	<input style="width: 100%;" type="text"/>
Other Party Name & Address (if known)	<input style="width: 100%; height: 80px;" type="text"/>
Accident Type (RTA, Industrial, Trip, Slip etc. Please specify)	<input style="width: 100%;" type="text"/>

Please indicate expert selection by ticking or filling the appropriate box.

Protocol (provide three expert names)

No protocol (proceed immediately)

Named Expert (please print)

Please indicate the type of expert services required by ticking or filling the appropriate box.

General Practitioner Non-orthopaedic Consultant
(State discipline)

Orthopaedic Consultant Associate Specialist
(State discipline)

Other Expert (Please specify)

MRI

This is a follow-up report

Previous report(s) enclosed

Medical records enclosed

doctors evidence to source records

Signed release for records attached

Two copies of expert report required

Facts or Special Instructions

We confirm that we are responsible for the payment of reasonable fees of doctors evidence limited.

Yours sincerely,

Signature: _____

Name: _____