

## Instruction to Medical Report Limited

Third Party Claim Reference Details	
Insurer	
Third Party Claim Reference	
Insurer Branch Address	
Defendant's Vehicle Registration Number	
Third Party Name	
Solicitor Details	
Company Name	
Fee Earner	
Fee Earner Email	
Fee Earner Direct Dial	
Solicitor Reference	
Medco Reference	
Referrer Details	
Referrer	
Referrer Reference	
Client Details	
Title (Mr,Mrs...)	
Forenames	
Surname	
Address	
Postcode (Mandatory)	
Telephone Number	
Mobile Number	
Date of Birth	
Occupation	
Accident	
Accident Date (Mandatory)	
Accident Type	
Injuries	
MOJ RTA?	
Expert	
Discipline/Name of Expert Required	
Medical Records	
Expert to review notes?	
MRL to obtain notes?	
MRL to obtain authority form?	
Authority form attached?	
Additional Information (Linked Files/Appointment Not Before etc)	
Date Submitted	
IMPORTANT	
<ul style="list-style-type: none"> <li>Please complete this form as comprehensively as possible</li> <li>Please email the completed form to <a href="mailto:katie.mcneill@medicalreportsltd.co.uk">katie.mcneill@medicalreportsltd.co.uk</a></li> <li>Please call 02476 586877 with any telephone queries</li> </ul>	