

**MEDICAL RECORDS MANDATE**

**Name** : { MERGEFIELD "LINKNAME\_FORENAME\_1" } { MERGEFIELD "LINKNAME\_SURNAME\_1" }

**Address** : { MERGEFIELD CALCULATION\_ADDRESS }

**Daytime Telephone No.** : { IF { MERGEFIELD CALCULATION\_MOBILE }= "" "{ MERGEFIELD CALCULATION\_PHONE }" "{ MERGEFIELD CALCULATION\_MOBILE }" }

**Date of Birth** : { MERGEFIELD TK\_PICLIENTINFO\_tkCL\_DOB }

**National Insurance No.** : { MERGEFIELD TK\_PICLIENTINFO\_tkNINUMBER }

**Occupation** : { MERGEFIELD TK\_PISPECDAM\_tkJOB }

**Name of Employer** : { MERGEFIELD TK\_PISPECDAM\_tkEMPLOYERNAME }

**Period of Absence from Work**

**From** ..... **To** .....

**Did you attend your GP/Hospital/Both?** .....

**Name & Address of GP**  
(even if you did not attend your GP following this accident)

**Hospital** (if appropriate)

{ MERGEFIELD TK\_PIINJMEDDETS\_tkGPNAME }

{ MERGEFIELD TK\_PIINJMEDDETS\_tkHOSPITAL\_name }

{ MERGEFIELD TK\_PIINJMEDDETS\_tkGPSURGERY }

{ MERGEFIELD TK\_PIINJMEDDETS\_tkHOSPITAL\_address }

**GP's Telephone No.** : .....

**Have any x-rays or scans been taken? If so please give details of where these x-rays or scans were taken and what the results were? (i.e. did you fracture any bones, did the x-ray show as normal, etc.)**

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**I confirm I have no present claim against either the Hospital or my GP and authorise the release of my full medical records to { MERGEFIELD "PRACTICEINFO\_PRACTICE\_NAME" } Solicitors. Please treat a copy of this form as an original.**

**Signed** ..... **Date**.....