

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_PICLIENINFO_tkCL_DOB }
National Insurance No. : { MERGEFIELD TK_PICLIENINFO_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)

{ MERGEFIELD TK_PIINJMEDDETS_tkGPNAME }
{ MERGEFIELD TK_PIINJMEDDETS_tkGPSURGERY }

Hospital (if appropriate)

{ MERGEFIELD TK_PIINJMEDDETS_tkHOSPITAL_name }
{ 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**.....