

{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME }

Solicitor Details					
Solicitor:	{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME }		Premex Ref:		
Postcode:	{ MERGEFIELD PRACTICEINFO_POSTCODE }		Email:	{ MERGEFIELD CALCULATION_FEE_EARNER_EMAIL }	
Contact:	{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }		Solicitor Ref:	{ MERGEFIELD MATTER_FEE_EARNER_ID }/{ MERGEFIELD client_no }/{ MERGEFIELD matter_no }	
Work Source & Ref:			Solicitor Tel:	{ MERGEFIELD CALCULATION_FEE_EARNER_PHONE }	
Additional Information					
Injured Party Details					
Title:	{ MERGEFIELD LINKNAME_TITLE_1 }	First Name/Initial:	{ IF { MERGEFIELD LINKNAME_FORENAME_1 } = "" "{ MERGEFIELD LINKNAME_INITIALS_1 }" "{ MERGEFIELD LINKNAME_FORENAME_1 }" }	Surname:	{ MERGEFIELD LINKNAME_SURNAME_1 }
Address:	{ MERGEFIELD CLIENT_HOUSE }, { IF { MERGEFIELD CLIENT_AREA } <> "" "{ MERGEFIELD CLIENT_AREA }, { MERGEFIELD CLIENT_POSTAL_TOWN }" "{ MERGEFIELD CLIENT_POSTAL_TOWN }" }		Home Tel:	{ MERGEFIELD CALCULATION_PHONE }	
			Work Tel:		
			Mobile Tel:	{ MERGEFIELD CALCULATION_MOBILE }	
Postcode:	{ MERGEFIELD CLIENT_POSTCODE }	DOB:	{ MERGEFIELD TK_PICLIENTINFO_tkCL_DOB }	Accident Date:	{ MERGEFIELD TK_ACCDETS_tkACCDATE }
Additional Information					

Instruction Details (if Instruction)					
Is this a Joint Instruction?		Expert Type:			
Named Expert:		Medical Record Review:	GP and Hospital Notes		
Record Obtainer:	Do not obtain yet	Report Type:		Consent Obtainer:	To be obtained by you
Brief Description of Injury:					
Additional Information					
Nomination Details (if Nomination Request)					
Expert Type:		Nominations Sent to:			
Brief Description of Injury:					
Additional Information					
Third Party/Defendant Details					
*(Should be completed where nominations are to be sent to the Third Party)					
Name:		DX:		Reference:	
Address:			Additional Information:		
Postcode:					