



Elan Medical Services Ltd
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Merseyside L33 7XL

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Fax

Solicitor: _____ Solicitors Client Reference _____

Date: _____

Re: **Request for Panel of Medical Experts** _____

Please complete the solicitor details above, along with the client information below, Elan Medical will fax-back a panel of appropriate medical experts.

Clients Name: _____

Address: _____

Date of Birth: _____

Date of Accident: _____

Contact Telephone No: _____

Injury Details: _____

Speciality Required GP / Orthopaedic / other

C.V.s Required Yes/No

Fax-back Panel of Medical Experts

Speciality: _____

1.

2.

3.

Elan Reference Number _____