

How to complete your Form of Authority from Doctors Chambers (UK) Ltd

➤ Section 1 - Your Personal Details

Please ensure that you fill in all your personal details on the form. This helps to ensure that the information we have on our system is up to date and correct.

A. You must complete your full name and address on the left hand side in the provided boxes:

1) Full Name & Address of Injured Person:

B. Please also ensure that you fill in the details relating to telephone numbers and email addresses. Ideally we require as a minimum one telephone number we can reach you on, however the more contact details you can provide will ensure we can contact you quickly should the need arise.

Date of Birth:	Date of Injury:
Home Tel No:	
Work Tel No:	
Mobile No:	
Email Address:	

➤ Section 2 - Your GP Surgery Details

If your solicitor or Insurance Company has requested that the chosen expert has sight of your medical records then your GP records will be required. Please complete the address box with the details of your surgery and their telephone number. If you are aware that there is more than one surgery in the building then please provide the name of your surgery or your doctor. This will ensure our request gets to the correct doctor.

2) GP (GENERAL PRACTITIONERS) Full Name and address:
GP Telephone Number:

➤ Section 3 - Any other Medical Treatment?

In this section we ask you to confirm if you've received any other medical treatment in relation to you claim. This includes visits to A&E or X-Ray departments and any treatment you may have had such as Physiotherapy or Chiropractic treatment. If you have had further treatment then please tick the corresponding box before moving on to Section 4 of your form to provide full details of these visits.

3) Did you attend any of the following, if so, please tick and provide full details in Section 4:	
Hospital	<input type="checkbox"/>
Dentist	<input type="checkbox"/>
Treatment Centre (i.e. physio, chiropractor, osteopath etc)	<input type="checkbox"/>
Any other health organisations	<input type="checkbox"/>
If you have not attended any of the above, please skip to Section 5	<input type="checkbox"/>

➤ Section 4 - Other Treatment Details

If you have filled in section 3 advising that you have had other medical treatment then you will be required to fill in section 4 with the further details of your treatment. If you have attended hospital after your accident then we will require this information. Therefore you will need to provide the name of the hospital you attended and the departments (e.g. A&E and X-Ray) and also the dates attended (if you know them). Similarly, if you have attended a clinic (e.g. for Physiotherapy) we will require the full name and address of the clinic as well as the name of the person who treated you. If possible please supply dates of attending that clinic even if you only have a rough idea (e.g. March '13 – May '13)

4) Name and address of Hospital, Dentist, Treatment Centre or any other Health Organisations you may have attended	Departments attended and names of treating consultants. (If X-rays/scans were taken, please provide details of part of body x-rayed/scanned)	Dates attended

➤ Section 5 - Declaration and Signature

This section explains that you are giving permission to Doctors Chambers (UK) Ltd to obtain copies of your medical records from all clinics you have attended that you have provided permission for the release of the same to us and other companies or individuals who need to see them to progress your claim. You will now need to sign and print your name on the form and date the same. If you are signing the form on behalf of someone else (e.g. your child) then you will need to select the correct option from the list above your signature.

AUTHORISATION: TO WHOM IT MAY CONCERN		
<small>I hereby give you my permission and request you to release full details and copies of all hospital, general practitioner records, X-rays and scans, occupational health records, Department of Social Security records or reports from medical appeal tribunals, nursing and any psychiatric notes that may exist and any other medical records as may be required to Doctors Chambers of Crown House, William Street, Windsor, SL4 1AT and an expert/s appointed by them.</small>		
<small>I also authorize the release of medical records and any medical reports to Doctors Chambers and their Instructing Solicitor/Insurance Company and/or rehabilitation and other service providers as required in connection with my claim.</small>		
<small>I confirm that this information is not required in respect of a claim for medical negligence against the doctor, health authority or its servants and agents.</small>		
5) I AM THE PATIENT/PARENT OF THE ABOVE/LEGAL GUARDIAN OF THE ABOVE (please select) I have reviewed and understood the authorisation above		
SIGNATURE	FULL NAME	DATE
<input type="text"/>	<input type="text"/>	<input type="text"/>

Now all you need to do is send it back to us by email or post and once received we will proceed to order your records.