

# MEDMALDOCTORS

## Request Form

Please scan and email to [info@medmaldoctors.ca](mailto:info@medmaldoctors.ca)

### CLIENT INFORMATION

Law Firm/Facility

First Name

Last Name

Position

City

Province

Direct Phone

Email

Representing

Plaintiff  Defence

### CASE DETAILS

Date of Loss

Concerns

### STANDARD OF CARE

Expert Requested

Concerning actions of:

- Physican  Nurse  
 Psychologist  Dentist  
 Chiropractor  Other

### SENDING DOCUMENTS BY COURIER?

Yes  No

If you are couriering documents, please include your waybill if you require the documentation to be returned. If a return waybill is not provided, the documentation will be destroyed 30 days after the report is sent.

Send to:

MedMalDoctors, 17204-106A Avenue, Edmonton, Alberta, T5S 1E6.

Date of Request

### TERMS AND CONDITIONS

Payment for services rendered is due upon receipt of invoice, net 30 days.

See the website for Disclaimer, Terms of Service and Privacy Policy.