

Medical Instruction Form

Date created	26/10/2022	Portal number	OIC-10-22-4077	
Claimant's name		Medco reference		
Max ward				
Compensator's	details:			
Name		Compensator reference number		
Marshall Insurers		testing	testing	
Your instruction is to examine and report upon the injuries sustained by Max ward following a RTA on 07/02/2022.				
Injuries sustained by claimant:				
Neck - Whiplash				
Whiplash injury dr told me				
Head/Senses - Headaches				
Headaches for 1	0 days			
Exceptional circumstances: The claimant says that their injuries were exceptionally severe. Consider their comments in the box below:				
If you consider that your whiplash injury is exceptionally severe or that your circumstances increased the level of pain suffering and loss of amenity caused by your whiplash injury you should set out the details below. Any explanation will be shared with your medical expert as part of the instructions sent to them when you reach that step				
	s that exceptional circumstances increased the mments in the box below:	ne pain suffering and lo	ss of amenity caused by their injuries.	
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1. Provide comment on the impact, if any, on diagnosis and prognosis (including whether or not the accident caused any injury)

a. the claimant's account is found to be true

c. the defendant's account is found to be true.

Defendant's version of events

Enter the defendant's version of events, which will be shared with the medical report provider. The same wording must be included in the form to be signed by the defendant with a Statement of Truth

These instructions are given on the basis that you understand and comply with the duties and obligations of experts under Part 35 of the Civil Procedure Rules. It is also necessary that you are a MedCo accredited expert and that you complete the report with the appropriate statement of truth as set out in the Ministry of Justice Practice Direction to Part 35 at paragraph 3.3. here: https://www.justice.gov.uk/courts/procedure-rules/civil/rules/part35/pd_part35

It is recommended that you complete the report in line with the existing 'Medical Report Form (RTA3)'.

It is important that where possible and appropriate, you provide a separate prognosis in relation to each of the injuries indicated by the claimant, initial details of which are copied above from the claimant's small claim notification form.

Also outline the following detail as appropriate:

- 1. The nature and extent of the initial injuries with details of immediate treatment given for each, both physical and psychological.
- 2. Subsequent progress with details of further recommended treatment. If possible, identify: what that treatment or therapy would be; when such treatment or therapy is likely to be appropriate or necessary; and the cost, or approximate cost, of such treatment or therapy (if known).
- 3. The nature and extent of any ongoing complaints and your summary of the claimant's condition and your view on the extent to which the claimant's ability to perform duties at work and enjoy usual social, recreational and domestic activities has been and/or is restricted.
- 4. The period over which the injuries have affected the claimant particularly justifying any absence from work.
- 5. Your prognosis, with particular reference to your estimate of the likely length of time over which the injuries will continue to affect the claimant's day to day work and leisure activities. If a final prognosis cannot yet be given please indicate when you anticipate that can be provided.
- 6. If a further report, at a subsequent stage, would be appropriate and when that would be.
- 7. Any other information which you believe is important to capture the full extent of the claimant's injuries sustained in the accident in question.

Advise if a report from another specialist, on any aspect of the injuries or subsequent management and treatment is required. If so, please indicate the relevant specialism(s).

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