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Forensic Intake Form

ATTENTION: To improve our ability to give you a timely appointment, please schedule within 10 days.

Examinee: _____

City & State: _____

D.O.B.: _____ SS#: _____

Examinee is: Plaintiff or Defendant

Your office represents: Plaintiff or Defendant

Retaining Party: _____ Phone #: _____

Address: _____ Fax#: _____

_____ Cell #: _____

_____ E-Mail: _____

COMPLETE STYLE OF CASE, including NAME, JURISDICTION, & CASE NO. (REQUIRED): _____

Last date to receive report: _____ Trial date: _____

Type of case (required): _____ Date of injury: _____

Type of injury (required): _____ Brief description of case: _____

This is not a retention agreement. You must call within 72 hours to schedule an early examination appointment.

↓ Office use only ↓

Contact: _____ Assigned: _____ Chart: _____

Date scheduled evaluation Date of service/time Type of evaluation w/Doctor Scheduled with

Deposition/Consultation/Trials

Dr. Allen is not retained until the case is accepted and the fee is received in our office.