

# LexiMed Expert Legal Nurse Consulting LLC

## *Attorney Case Review Request Form*

Law Firm Name: \_\_\_\_\_

Attorney Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Case Jurisdiction: \_\_\_\_\_

Case Type / Brief Description: \_\_\_\_\_

Opposing Party Representation (Plaintiff or Defense): \_\_\_\_\_

Date of Incident: \_\_\_\_\_

Summary of Allegations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Available Medical Records Provided (Yes / No): \_\_\_\_\_

Additional Notes:

\_\_\_\_\_  
\_\_\_\_\_

Submission of this form does not establish an expert engagement. Case review begins only after a signed retainer agreement and payment of the Pre-Case Medical Risk Screening fee (\$3,500).