



# MedLegal Opinions

Serving the Medical and Legal Professions with Honesty and Distinction

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## Certified Legal Nurse Consultant Registration Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Degree \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_ Tax ID \_\_\_\_\_

### Contact Information

Office Address \_\_\_\_\_

Office Tel #: \_\_\_\_\_ Office FAX \_\_\_\_\_ Office email \_\_\_\_\_

Home Address \_\_\_\_\_

Home Tel # \_\_\_\_\_ Home FAX \_\_\_\_\_ Home email \_\_\_\_\_

Preferred Contact: Office \_\_\_\_\_ Home \_\_\_\_\_ Cell phone: \_\_\_\_\_

### Medical Licenses (Please list each state, license number, effective dates and status)

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

### Malpractice / Expert Witness Experience

Have you previously reviewed malpractice cases as an expert? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, about how many cases per year do you review? \_\_\_\_\_

Can you breakdown the number between plaintiffs and defendants? P \_\_\_\_\_ D \_\_\_\_\_

Are you willing to review both plaintiff and defense cases for MedLegal Opinions? Yes \_\_\_\_\_ No \_\_\_\_\_

***Please complete the information above and fax along with your CV to 866-676-4550. We will contact you within 72 hours.***