



MedLegal Opinions

Serving the Medical and Legal Professions with Honesty and Distinction

PO Box 1123
Teaneck, NJ 07666
Tel: 201-357-2675
551-486-5230
Fax: 866-676-4550
email: info@medlegalopinions.com

Physician 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.