

Medical Expert

Medical Assessment Consent

I, of

hereby consent to a remote video examination in respect of injuries sustained in a RTA on

I confirm that I have not been unduly pressurised to agree to a remote video examination and understand that I have the option to insist on a face to face examination.

I hereby give my informed consent to undergo a remote video examination. I have read the data protection policy provided by the medical professional and consent to the contents of the remote examination to be used in order to prepare a report in respect of my injuries.

I confirm that I have taken legal advice or have been provided with a copy of the Guidance on remote examinations.

Name

Signed

Date

Reference:

The copy of the guidance on remote examination can be viewed by clicking on the link below:

http://griptechologies.co.uk/site1/?page_id=13465#

The copy of the guidance on remote examination can be viewed by clicking on the link below:

The copy of the privacy policy can be viewed by clicking on the link below:

http://griptechologies.co.uk/site1/?page_id=13378

http://griptechologies.co.uk/site1/?page_id=13428

Please email the completed to admin@griptechologies.co.uk or send it via post to GRIP Technologies, 113 Westmead Road, Sutton SM1 4JE.