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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **REPORT of the Medico-Legal Unit of COMB** | | | | | | | | | | | **DATE** | | | | | |
| **{DATE}** | | | | | |
| **SIN SH 155/20** | JB | | **INCIDENT DATE** | | | | | | | | **{INCIDENT\_DATE}** | | | | | |
| **PATIENT** | **{PATIENT\_NAME}** | | | | | | | | **DATE OF BIRTH** | | | | | | **{DOB}** | |
| **MEDICAL DOCTOR** | **{MEDICAL\_DOCTOR}** | | | | | | | | **LAWYER** | | | | **{LAWYER}** | | | |
| **SPECIALITY** | **{SPECIALITY}** | | | | | | **CENTER** | | | **{CENTER}** | | | | | | |
| **JUDGE** | **{JUDGE}** | | | | | **REFERENCE** | | | | {**REFERENCE**} | | | | | | |
| **SUMMARY OF THE CASE**  **PRACTICE** | **{SUMMARY}** | | | | | | | | | | | | | | | |
| **{PRACTICE\_DETAILS}** | | | | | | | | | | | | | | | |
| **FORENSIC REPORT** | **{FORENSIC\_REPORT}** | | | | | | | | | | | | | | | |
| **EVALUATION UML** | **{EVALUATION\_UML}** | | | | | | | | | | | | | | | |
| **DIAGNOSTIC CODE**  **(CIM-9 MC)** | **{DIAGNOSTIC\_CODE}** | | | | | | | **PROCEDURE CODE**  **(CIM-9 MC)** | | | | | | **{PROCEDURE\_CODE}** | | |
| **SEQUELS** | **{SEQUELS}** | | | | | | | **DEFINITIVE?** | | | | | | **{DEFINITIVE?}** | | |
| **QUANTUM**  **OPOSING PART** |  | | | | | | | **LAWYER** | | | | | |  | | |
| **JUDICIAL PROCEDURE** | | | | | | | | | | | | | | | | |
| / / | | | | | | | | | | | | | | | | |
| **ECONOMIC STATE** | | | |  | | | | | | | | | | | |  |
| **RISK ASSESSMENT** | | | | | | | | | | | | | | | | |
| **RISK** | | **{RISK\_ASSESSMENT}** | | | **DEFEND** | | | | | | | **X (FOR LACK OF DAMAGE)** | | | | |
| **WE REQUEST the following from:** | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **QUANTUM of the injured party** | | | | | | | | | | | | | | | | |
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