



DDU

Please return this sheet with your documents

Name:
Membership Number:
File Number:
Notification date:

Please send:

Tick if enclosed

1. The solicitor's letter *or* request for compensation *or* Court documents
2. All records **in your control** relating to the patient which may include: -
 - (i) Original dental records
 - (ii) Printout of computerised records
 - (iii) Radiographs
 - (iv) Study models
 - (v) Any other relevant records

Please ensure records do not contain items which may constitute a physical or cross infection hazard and that documents are not altered or amended in any way

3. A detailed and factual report of your personal involvement in the patient's management, on a separate sheet from your covering letter. In many cases, a number of practitioners are criticised and some may not be MDU members. In order to gain an overall view of the case, we may wish to disclose your report to other indemnifying bodies on a reciprocal basis. Unless you advise us to the contrary in your covering letter, we will assume you agree to this.
4. Your comments on the allegations set out in the solicitor's letter (on a further separate sheet).
5. A covering letter including: -
 - (i) Confirmation that you would like our assistance
 - (ii) Your consent for us to act on your behalf in this matter
 - (iii) The date on which you received the solicitor's letter *or* request for compensation *or* Court documents.
 - (iv) A statement formally confirming that you have sent all the records in your possession **and** your consent that the DDU may disclose these records to the Claimant's solicitors, if appropriate
 - (v) Full details of any other practitioners or other persons involved in the sequence of events indicating the nature and extent of their involvement
6. Any other information that you feel may be of relevance