

LAW OFFICE OF STEPHEN H. OSBORNE

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Reno, Nevada 89501

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Medical Malpractice: Client Intake

NAME: _____ AGE: _____ DATE: _____

ADDRESS: _____

PHONE NUMBERS: (Home) _____ (Office) _____ (Cell) _____

E-MAIL: _____

1. Please list the injuries caused by medical malpractice.

2. Please list the health care provider(s) that you believe caused your injury.

3. Please list the condition for which you were being treated:

4. What is the date of the malpractice:

5. When did you learn of the malpractice:

6. Describe how the malpractice occurred:

