GODOY
MEDICAL FORENSICS
INCORPORATED

Attorney Information	
Name	**Email**
Cell Phone	**Direct Line**
Firm Name	**City, State**
General Case Information	
Case Type	**If Criminal - Felony/Misdemeanor**
<select one>	<select one>
Volume of Discovery/Records	**Report Type**
<select one>	◯ Verbal ◯ Written ◯ Possibly Both
If volume >1000 would you also like an estimate for:	
☐ Medical Record Organization	☐ Fact Chronology
Possible Testimony?	**If Criminal – child abuse/homicide?**
◯ Yes ◯ No	◯ Neither ◯ Child Abuse ◯ Homicide ◯ Both
Expert Type	
◯ Nurse ◯ MD	
Additional Details	
Short Description of the Case	

Please email this form to Info@GodoyMedical.net