

Medical Review Panel Request

Per RS 40:1231.8, a request for review of a malpractice claim or malpractice complaint shall contain, at a minimum, all of the following:

1. A request for the formation of a medical review panel.
2. The name of the patient.
3. The names of the claimants..
4. The names of the defendant health care providers.
5. The dates of the alleged malpractice.
6. A brief description of the alleged malpractice as to each named defendant health care provider.
7. A brief description of the alleged injuries

1. Patient/Plaintiff Name (first, middle AND last):

2. Claimant/Plaintiff Name(s) (first, middle AND last, if different from patient or if patient is deceased and/or a minor):

3. Patient/Plaintiff Address:

3.a Plaintiff Phone Number:

3.b Plaintiff email address:

**4. Date(s) of Alleged Medical Malpractice:
(must include a month AND year, date of death if patient is deceased)**

5. Alleged Injury to Patient:

6. Name(s) of Defendant Health Care Providers **AND** alleged malpractice as to each:
(must include first AND last name, and any distinguishing prefix or suffix, (i.e., Jr., Sr., II, III))

Defendant Name and Allegations:

Defendant Name and Allegations:

Defendant Name and Allegations:

Defendant Name and Allegations:

Defendant Name and Allegations:

Defendant Name and Allegations:

Medical Review Panel Request

**** If additional space is needed for any of the above information please save/print multiple copies of this form to accommodate necessary information.**

Signature:

Date:

(Filing Plaintiff)

Pursuant to Louisiana Revised Statute 40:1231.8.A(2)(a)(b),
ALL REQUESTS for review of a malpractice claim and/or amendments adding defendants
MUST BE FILED WITH THE COMMISSIONER OF ADMINISTRATION.
**The Act also states that filing a complaint with any agency other than the
Commissioner of Administration shall not suspend or interrupt the running of prescription:**

**The Division of Administration
Medical Review Panel
P.O. Box 44336
Baton Rouge, LA 70804-4336**

OR

**The Division of Administration
Medical Review Panel Claiborne Bldg
1201 North 3rd St. – 7th Floor, Suite 210
Baton Rouge, LA70802**

OR

**Fax: (225)342-1057
Medical Review Panel**