

# 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:

- (i) A request for the formation of a medical review panel.
- (ii) The name of the patient.
- (iii) The names of the claimants.
- (iv) The names of the defendant health care providers.
- (v) The dates of the alleged malpractice.
- (vi) A brief description of the alleged malpractice as to each named defendant health care provider.
- (vii) A brief description of the alleged injuries.

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

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

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**3. Patient/Plaintiff Address:** \_\_\_\_\_

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**3.a Plaintiff Phone Number:** \_\_\_\_\_

**3.b Plaintiff email address:** \_\_\_\_\_

**4. Date(s) of Alleged Medical Malpractice:** \_\_\_\_\_  
(must include a month AND year)

**5. Alleged Injury to Patient:** \_\_\_\_\_

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**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:** \_\_\_\_\_

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Patient Name: \_\_\_\_\_

Defendant Name and Allegations: \_\_\_\_\_

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Defendant Name and Allegations: \_\_\_\_\_

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Defendant Name and Allegations: \_\_\_\_\_

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Defendant Name and Allegations: \_\_\_\_\_

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\*\*If additional space is needed for any of the above information, please 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 **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 3<sup>rd</sup> St. – 7<sup>th</sup> Floor, Suite 210  
Baton Rouge, LA70802

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