

FOR SETTLEMENT PURPOSES ONLY

[Sender Name]
[Sender Address]
[City, State, Zip Code]
[Phone Number]
[Email]

[Date]

[Physician/Surgeon Name]
[Hospital/Clinic Name]
[Address]
[City, State, Zip Code]

RE: Notice of Intent to Sue / Settlement Demand

Patient Name: [Patient Full Name]
Date of Incident: [Date of Surgery]
Matter: Medical Malpractice - Surgical Error

To [Name of Medical Provider/Risk Management Department],

Please be advised that this office represents [Patient Name] in regards to injuries sustained during a surgical procedure performed by [Surgeon Name] at [Facility Name] on [Date]. This letter serves as a formal demand for settlement prior to the commencement of civil litigation.

Statement of Facts

On [Date], [Patient Name] underwent [Name of Surgical Procedure]. During the course of this procedure, the following surgical error occurred: [Describe the error, e.g., foreign object left in body, surgery on wrong site, nerve damage, or organ perforation]. Following the procedure, [Patient Name] suffered [Describe immediate complications].

Liability

The standard of care for a surgeon performing [Procedure Name] requires [Describe expected standard]. By [Describe how the surgeon failed, e.g., failing to account for all surgical sponges], you breached the applicable standard of care. This breach was the direct and proximate cause of the injuries and subsequent damages suffered by [Patient Name].

Damages

As a result of this surgical error, [Patient Name] has incurred the following damages:

- Additional corrective surgeries and medical procedures;
- Extended hospital stays and rehabilitation;
- Significant physical pain and suffering;
- Lost wages and diminished earning capacity;

- Permanent disability or scarring: [Detail any permanent effects].

Settlement Demand

Based on the clear liability and the severity of the injuries sustained, we are prepared to settle this matter for the sum of \$[Dollar Amount]. This offer is made to avoid the costs and uncertainty of litigation.

Please respond to this demand within [Number, e.g., 30] days of receipt. If we do not receive a response or a good-faith counteroffer by that time, we will proceed with filing a formal medical malpractice lawsuit.

Sincerely,

[Signature]

[Printed Name]

[Title/Law Firm Name]