

[Your Name/Law Firm Name]

[Address]

[City, State, Zip Code]

[Phone Number]

[Email Address]

[Date]

[Recipient Name/Risk Management Department]

[Facility/Pharmacy Name]

[Address]

[City, State, Zip Code]

RE: NOTICE OF INTENT TO SUE / PRE-SUIT DEMAND

Patient: [Patient Name]

Date of Incident: [Date of Error]

Claim Number: [If applicable]

To Whom It May Concern,

Please be advised that this office represents [Patient Name] regarding injuries sustained due to a medication error occurring on or about [Date] at your facility. This letter serves as a formal demand for settlement prior to the commencement of civil litigation.

Statement of Facts

On [Date], [Patient Name] was under the care of [Facility/Pharmacy Name]. At that time, a medication error occurred involving [Name of Medication]. Specifically, [Describe the error: e.g., wrong dosage, wrong medication, failure to screen for allergies, or administration to the wrong patient].

Liability

The standard of care required that [Facility/Pharmacy Name] and its staff ensure the "five rights" of medication administration: right patient, right drug, right dose, right route, and right time. Your failure to adhere to these protocols constitutes professional negligence. Had the proper verification procedures been followed, this error and the resulting injuries would have been avoided.

Damages and Injuries

As a direct result of this medication error, [Patient Name] suffered the following injuries: [List physical injuries, adverse reactions, or medical complications].

Consequently, [Patient Name] has incurred medical expenses totaling \$[Amount] and has experienced [List other damages, e.g., lost wages, pain and suffering, emotional distress].

Settlement Demand

In the interest of resolving this matter without the necessity of formal litigation, my client is prepared to release [Facility/Pharmacy Name] and its agents from all further liability in exchange for the sum of \$[Total Demand Amount].

This offer is made for settlement purposes only and shall remain open for [Number, e.g., 30] days from the date of this letter. If we do not receive a response by [Deadline Date], we will proceed with filing a formal complaint in [County/State] Court.

Please forward this letter to your professional liability insurance carrier immediately.

Sincerely,

[Signature]

[Typed Name]