

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

[Date]

[Name of Doctor/Medical Facility]
[Address]
[City, State, Zip Code]

RE: NOTICE OF INTENT TO INITIATE A MEDICAL MALPRACTICE CLAIM

Patient Name: [Patient Name]

Date of Birth: [DOB]

Date(s) of Incident: [Date Range of Treatment/Failure to Diagnose]

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

This letter serves as a formal demand and notice of intent to initiate a lawsuit against [Name of Provider/Facility] regarding the delayed diagnosis of [Specific Condition, e.g., Lung Cancer].

Statement of Facts

On [Date of Initial Visit], [Patient Name] presented to your care with symptoms including [List Symptoms]. At that time, you failed to [List specific failures, e.g., order a biopsy, interpret an X-ray correctly, or refer to a specialist]. As a result of this failure, the diagnosis of [Condition] was not confirmed until [Date of Actual Diagnosis].

The Breach of Standard of Care

A reasonably prudent healthcare provider under similar circumstances would have identified the clinical significance of [Symptom/Test Result] and ordered further diagnostic testing. Your failure to do so constitutes a breach of the medical standard of care.

Causation and Damages

Due to this [Number of Months/Years] delay, the patient's condition progressed from [Starting Stage/Severity] to [Current Stage/Severity]. This delay has resulted in:

- [List increased medical expenses]
- [List more invasive treatments required due to delay]
- [List lost wages or diminished quality of life]
- [List permanent injury or decreased life expectancy]

Settlement Demand

Based on the clear negligence and the resulting damages, we are prepared to settle this matter for the sum of \$[Amount]. This offer is made for the purpose of settlement and compromise only.

Please acknowledge receipt of this letter within [Number, e.g., 30] days. If we do not receive a response, we will proceed with the filing of a formal summons and complaint.

Sincerely,

[Your Signature]

[Your Printed Name]