

## **FOR SETTLEMENT PURPOSES ONLY**

[Sender Name/Law Firm Name]

[Address]

[City, State, Zip Code]

[Phone Number]

[Email]

[Date]

[Recipient Name/Risk Management Department]

[Hospital or Clinic Name]

[Address]

[City, State, Zip Code]

### **RE: Notice of Intent to Initiate Litigation / Settlement Demand**

**Patient:** [Patient Name]

**Date of Birth:** [DOB]

**Date of Incident:** [Date of Procedure]

**Provider(s) Involved:** [Anesthesiologist/CRNA Name]

To Whom It May Concern:

Please be advised that this office represents [Patient Name] in regards to injuries sustained due to professional negligence and anesthesia errors occurring on [Date] at [Facility Name].

#### **Statement of Facts**

On [Date], [Patient Name] underwent [Name of Procedure]. During the administration of [General/Regional/Local] anesthesia, the following errors occurred: [Describe error, e.g., failure to monitor vitals, dosage error, intubation trauma, or failure to review medical history]. As a result of these errors, [Patient Name] suffered [List immediate complications, e.g., hypoxic brain injury, cardiac arrest, nerve damage, or awareness during surgery].

#### **Theory of Liability**

The standard of care for anesthesia providers requires [Briefly describe duty]. The providers breached this standard by [Specific failure]. But for this breach of care, the patient would not have suffered [Specific injury].

#### **Damages**

As a direct result of the aforementioned negligence, the Claimant has incurred the following damages:

- Medical expenses to date: \$[Amount]
- Estimated future medical costs: \$[Amount]
- Lost wages/Loss of earning capacity: \$[Amount]

- Pain and suffering, emotional distress, and [Other applicable damages].

**Demand**

Based on the clear liability and the severity of the injuries sustained, we hereby demand the sum of \$[Total Demand Amount] to settle this matter in its entirety. This offer is made for the purpose of avoiding protracted litigation and is valid for [Number] days from the date of this letter.

Failure to respond within this timeframe will result in the immediate filing of a formal medical malpractice complaint.

Sincerely,

[Signature]

[Printed Name]

[Title]