

[Your Name]
[Your Address]
[Your Phone Number]
[Your Email Address]

[Date]

[Doctor/Provider Name]
[Facility Name]
[Facility Address]

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

Patient Name: [Patient Full Name]
Date of Procedure: [Date of Procedure]
Procedure Type: [Name of Procedure]

To [Doctor/Provider Name],

This letter serves as a formal demand for settlement arising from the medical treatment provided to [Patient Name] on or about [Date]. This claim is based on the failure to obtain proper informed consent prior to the procedure mentioned above.

Factual Background:

On [Date], the patient underwent [Procedure Name]. Prior to this procedure, you/your facility failed to adequately disclose the material risks, benefits, and available alternatives. Specifically, the following information was withheld: [List specific risks or alternatives not mentioned].

Basis of Liability:

Under applicable law, a healthcare provider has a duty to provide a patient with sufficient information to make an informed decision. Had [Patient Name] been fully informed of the risk of [Specific Injury/Complication], they would have declined the procedure.

Damages:

As a direct result of the lack of informed consent and the subsequent procedure, the patient has suffered the following injuries: [List injuries, additional surgeries, medical bills, and lost wages].

Settlement Demand:

To avoid formal litigation, we are prepared to settle this matter for the total sum of \$[Dollar Amount]. This offer is made for settlement purposes only and is without prejudice to our right to pursue full legal remedies.

Please respond to this letter within [Number, e.g., 21] days. Failure to respond will result in the commencement of legal proceedings.

Sincerely,

[Your Signature]

[Your Printed Name]