

## **FOR SETTLEMENT PURPOSES ONLY**

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

[Date]

[Dentist Name/Dental Practice Name]  
[Address]  
[City, State, Zip Code]

## **RE: NOTICE OF INTENT TO SUE / DEMAND FOR SETTLEMENT**

Patient: [Patient Full Name]  
Date of Incident: [Date of Procedure/Injury]  
Claim Number: [If applicable]

Dear [Dentist Name/Insurance Adjuster],

This letter serves as a formal demand for damages resulting from dental malpractice and professional negligence occurring during the care provided to [Patient Name] on or about [Date].

### **FACTUAL BACKGROUND**

On [Date], [Patient Name] presented to your office for [Description of procedure, e.g., root canal, extraction, implant]. During the course of this treatment, the following occurred: [Describe the specific error, e.g., failure to diagnose, nerve damage, wrong tooth extraction, or breach of standard of care].

### **NEGLIGENCE AND BREACH OF STANDARD OF CARE**

A dental professional owes a duty of care to provide treatment consistent with the established standards of the dental community. You breached this duty by [Specific action or omission]. Specifically, [Explain how the dentist failed to meet the standard of care].

### **INJURIES AND DAMAGES**

As a direct and proximate result of the aforementioned negligence, [Patient Name] sustained the following injuries:

- [Injury 1, e.g., permanent nerve damage]
- [Injury 2, e.g., loss of additional teeth]
- [Injury 3, e.g., severe infection/hospitalization]

Furthermore, [Patient Name] has incurred the following damages:

- Medical/Dental expenses for corrective surgery: \$[Amount]
- Lost wages: \$[Amount]

- Future dental treatment costs: \$[Amount]
- Pain and suffering: [Description/Amount]

**SETTLEMENT DEMAND**

Based on the clear evidence of negligence and the extent of the damages suffered, [Patient Name/Firm] is prepared to settle this claim for the total sum of \$[Total Demand Amount]. This offer is made for settlement purposes only and shall not be admissible in any subsequent legal proceeding.

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

Sincerely,

[Your Signature]  
[Your Printed Name]