URGENT LEGAL MATTER: FOR SETTLEMENT PURPOSES ONLY

Date: [Date]

To:
[Administrator Name/Legal Department]
[Facility Name]
[Address]
[City, State, Zip]

Re:
Claimant: [Patient/Resident Name]
Facility: [Facility Name]
Dates of Residency: [Start Date] to [End Date]
Subject: Demand for Settlement for Injuries Related to Malnutrition and Dehydration Neglect

To Whom It May Concern,

This letter serves as a formal demand for settlement regarding the personal injuries and suffering sustained by [Patient Name] while under the care of [Facility Name]. As a direct result of the facility's failure to provide adequate nutrition, hydration, and monitoring, [Patient Name] suffered severe physical harm and emotional distress.

Statement of Facts
[Patient Name] was admitted to your facility for [Reason for Admission]. During their stay, the facility was responsible for ensuring adequate dietary intake and fluid management. However, medical records and observations indicate that the facility failed to meet the standard of care. Specifically:

- [Detail specific instances of missed meals or fluid refusal]
- [Detail physical symptoms observed, e.g., significant weight loss, dry mucous membranes, lethargy]
- [Detail medical diagnoses, e.g., lab results showing electrolyte imbalance or clinical diagnosis of malnutrition]

Liability and Negligence
The evidence demonstrates that [Facility Name] breached its duty of care. Staff failed to accurately track intake and output, failed to notify attending physicians of declining nutritional status, and ignored clinical signs of dehydration. This neglect led directly to [list complications, e.g., kidney failure, pressure sores, cognitive decline].

Damages
As a result of this neglect, [Patient Name] has incurred the following damages:

- Medical expenses for emergency hospitalization and corrective treatment: $[Amount]
- Pain and suffering: $[Amount]

- [Other applicable damages, e.g., permanent disability or wrongful death costs]

Settlement Demand
To resolve this matter without the necessity of formal litigation, we are prepared to accept the sum of **$[Total Demand Amount]** as full and final settlement of all claims. This offer is contingent upon a signed release of liability.

Please respond to this demand within [Number] days. If we do not hear from you by [Date], we will have no choice but to pursue all available legal remedies.

Sincerely,

[Your Name/Attorney Name]
[Contact Information]