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

[Date]

[Recipient Name]
[Recipient Title]
[Target Company Name]
[Recipient Address]
[City, State, Zip Code]

RE: Letter of Intent for Strategic Practice Partnership

Dear [Recipient Name],

This Letter of Intent ("LOI") outlines the preliminary interest of [Your Company Name] in establishing a formal professional partnership with [Target Company Name]. We believe that combining our respective expertise in [Your Industry/Specialty] and [Target Industry/Specialty] will create significant mutual value and enhance service delivery to our clients.

1. Purpose of Partnership: The primary objective is to [describe goal, e.g., co-manage clinical operations, share administrative resources, or expand market reach].

2. Proposed Structure: The parties intend to enter into a [describe type, e.g., Joint Venture, Management Services Agreement, or Referral Partnership] whereby [briefly explain the operational split].

3. Contribution of Parties:

- [Your Company Name] will provide [list resources, e.g., capital, technology, specialized staff].
- [Target Company Name] will provide [list resources, e.g., local facility access, existing patient/client base].

4. Confidentiality: Both parties agree to keep the terms of these discussions and any shared proprietary information confidential until a definitive agreement is reached.

5. Due Diligence: Following the signing of this LOI, both parties will be granted a period of [Number] days to conduct necessary financial and operational due diligence.

6. Non-Binding Nature: Except for the provisions regarding confidentiality and exclusivity, this letter serves as a statement of intent and does not constitute a legally binding contract.

We are enthusiastic about the possibility of working together and look forward to your response regarding this proposal.

Sincerely,

[Your Signature]

[Your Printed Name]
[Your Title]

Accepted and Agreed:

Signature: _____
Name: [Recipient Name]
Date: _____