**SENT VIA CERTIFIED MAIL / RETURN RECEIPT REQUESTED**

Date: [Date]

To: [Name of Medical Provider/Entity]
Attn: Legal Department / Risk Management
[Address]
[City, State, Zip]

**RE: NOTICE OF REPRESENTATION AND IMPLANT PRESERVATION DEMAND**

Patient: [Patient Name]
Date of Birth: [DOB]
Date of Procedure: [Date of Surgery]
Type of Implant/Device: [Device Name/Serial Number if known]

To Whom It May Concern:

Please be advised that this office represents [Client Name] in connection with injuries sustained relating to the medical device/implant referenced above. Please direct all future communication regarding this matter to the undersigned.

**FORMAL NOTICE TO PRESERVE EVIDENCE**

This letter serves as a formal demand for the preservation of all evidence related to the surgical procedure and the implant. Specifically, we demand that you preserve and maintain the following in their original condition:

- The physical medical device/implant (explanted material), including any fragments, components, or related hardware.
- The original packaging and labeling associated with the device.
- All surgical logs, operative reports, and sterilization records related to the procedure.
- Any photographs or video recordings taken during the procedure or of the device.
- All communications, internal memos, and electronic data concerning the failure or removal of this device.

The device must not be altered, destroyed, or sent to the manufacturer for testing without the express written consent of this office. Failure to preserve this evidence may result in legal sanctions for spoliation of evidence.

Please provide a written confirmation within [Number] days that the device has been secured in a sterile, climate-controlled environment and that a litigation hold has been placed on all related files.

Sincerely,

[Your Signature]
[Your Name]
[Law Firm Name]
[Phone Number]
[Email Address]