

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

[Date]

[Name of Healthcare Provider/Doctor/Hospital]
[Address]
[City, State, Zip Code]

RE: NOTICE OF INTENT TO FILE SUIT

To [Name of Healthcare Provider],

This letter serves as formal notice, pursuant to [State Statute Number, if applicable], of my intent to initiate a medical malpractice lawsuit against you for professional negligence arising from medical treatment provided on or about [Date(s) of Treatment].

Factual Basis of the Claim:

[Briefly describe the medical procedure or incident that occurred].

Alleged Acts of Negligence:

It is alleged that the standard of care was breached by [Name of Provider] including, but not limited to, the following:

- [Specific failure 1, e.g., Failure to diagnose]
- [Specific failure 2, e.g., Surgical error]
- [Specific failure 3, e.g., Improper medication dosage]

Description of Injuries:

As a direct and proximate result of the aforementioned breach of the standard of care, [Patient Name] suffered the following injuries and damages:

- [List physical injuries]
- [List financial damages/medical expenses]
- [List other losses]

Please forward this notice to your professional liability insurance carrier immediately. We are open to discussing a potential resolution of this matter prior to the formal filing of a complaint in court.

Sincerely,

[Your Signature]

[Your Printed Name]