

Date: [Insert Date]

Client Name: [Insert Client Name]

Address: [Insert Client Address]

Phone: [Insert Client Phone Number]

Re: Consent to Refer Medical Malpractice Case

Dear [Insert Attorney/Law Firm Name],

I, [Insert Client Name], am currently seeking legal representation regarding a potential medical malpractice claim involving [Insert Name of Medical Provider/Facility] related to treatment received on or about [Insert Date of Incident].

I hereby authorize [Insert Current Lawyer/Firm Name] to refer my case and share my file, including medical records, expert reports, and personal contact information, with [Insert Receiving Attorney/Law Firm Name] for the purpose of evaluating and/or handling my legal claim.

I understand that:

- This referral is being made to ensure I receive specialized legal counsel for this specific matter.
- The attorneys may share a legal fee if my case is successful, at no additional cost to me beyond the original agreed-upon contingency fee percentage.
- My files and sensitive information will remain confidential between the involved legal parties.

I provide my full consent for this referral and the transfer of my records.

Sincerely,

[Insert Client Name]

Date: _____