

**DATE:** [Insert Date]

**TO:** [Prospective Attorney Name]  
[Law Firm Name]  
[Address]  
[City, State, Zip]

**RE:** REFERRAL FOR POTENTIAL MEDICAL MALPRACTICE CLAIM

**Client:** [Client Name]  
**Date of Incident/Injury:** [Insert Date]

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Dear [Attorney Name],

I am referring the above-named individual to your office for evaluation of a potential medical malpractice claim involving [brief description of injury].

**URGENT: STATUTE OF LIMITATIONS NOTICE**

Please be advised that based on the information provided, the Statute of Limitations for this matter is currently estimated to expire on **[Insert Date]**. This date is based on the initial date of injury of [Insert Date].

While our office has performed a preliminary intake, we have not filed a formal complaint or tolled the statute. It is imperative that your office reviews this file immediately to ensure all filing deadlines are met and the client's rights are protected.

Accompanying this letter are the following documents:

- Client contact information
- Relevant medical records
- Timeline of treatment

Please confirm receipt of this referral and advise if you will be accepting the case for further investigation.

Sincerely,

[Your Name]  
[Your Firm Name]  
[Your Phone Number]