

Case Summary and Medical Malpractice Referral

Date: [Insert Date]

To: [Attorney/Law Firm Name]

Address: [Street Address, City, State, Zip]

RE: Medical Malpractice Referral for [Patient Name]

1. Client Information:

- **Patient Name:** [Full Name]
- **Date of Birth:** [DOB]
- **Contact Information:** [Phone and Email]

2. Incident Overview:

Date of Incident: [Date of alleged malpractice]

Facility Name: [Hospital or Clinic Name]

Provider(s) Involved: [Names of Doctors, Nurses, or Staff]

3. Case Summary:

[Provide a brief narrative of the medical history leading up to the incident. Describe the procedure or treatment that occurred and how the medical provider deviated from the standard of care.]

4. Alleged Negligence:

[List specific errors, such as surgical errors, misdiagnosis, failure to treat, or medication mistakes.]

5. Resulting Injuries and Damages:

[Describe the physical injuries, permanent disabilities, additional medical costs, and loss of income resulting from the incident.]

6. Status of Records:

[Indicate if medical records have been collected or if authorizations are attached.]

7. Statute of Limitations:

The estimated deadline for filing this claim is [Insert Date].

Sincerely,

[Your Name]

[Your Title/Organization]

[Your Phone Number]