

[Your Name/Law Firm Name]
[Address Line 1]
[Address Line 2]
[Phone Number]
[Email Address]

[Date]

[Expert Name]
[Expert Title/Credentials]
[Organization/Department]
[Address Line 1]
[Address Line 2]

RE: Request for Expert Medical Review and Preliminary Opinion

Patient Name: [Patient Name]

Date of Birth: [DOB]

Incident Date(s): [Date of Incident]

Dear [Expert Name],

I am writing to formally request your professional services to conduct an expert review of a potential medical malpractice claim involving [Patient Name]. We are investigating whether the care provided by [Target Healthcare Provider/Facility] deviated from the accepted standard of care.

Enclosed Materials:

For your review, I have enclosed the following documentation:

- Complete Medical Records from [Facility Name]
- Relevant Imaging (CD/Digital Link)
- Patient Narrative/Statement of Events
- [Other Relevant Documents]

Scope of Review:

We ask that you review these materials and provide your expert opinion on the following:

- The applicable standard of care for a practitioner in this field under similar circumstances.
- Whether the provider(s) in question breached or deviated from that standard of care.
- Whether such deviation was a proximate cause of the injuries sustained by the patient.
- The extent and permanency of the damages resulting from the alleged malpractice.

Conflicts of Interest:

Please confirm as soon as possible if you have any professional or personal conflicts of interest regarding the parties involved. If no conflict exists, please provide your current Fee Schedule and Curriculum Vitae (CV).

Confidentiality:

This matter is currently in the investigation phase. All materials provided and any subsequent reports or communications are to be treated as confidential and protected by attorney-client and/or work-product privilege.

Thank you for your time and professional consideration. I look forward to hearing from you by [Date].

Sincerely,

[Signature]

[Your Printed Name]

[Title]