

Date: [Insert Date]

[Recipient Name]
[Recipient Law Firm]
[Address]
[City, State, Zip Code]

RE: Conflict Clearance and Referral of [Potential Client Name]

Dear [Recipient Name],

I am writing to formally refer a potential medical malpractice matter to your office. Our firm has conducted an initial intake for [Potential Client Name] regarding a claim against [Name of Healthcare Provider/Facility] arising from medical services provided on or about [Date of Incident].

Please conduct a conflict of interest check regarding the following parties:

- **Potential Plaintiff:** [Potential Client Name]
- **Potential Defendant(s):** [Doctor Name, Hospital Name, Clinic Name]
- **Date of Occurrence:** [Date]
- **Nature of Injury:** [Brief Description of Injury]

If your firm is cleared to accept this referral and wishes to review the file, please notify our office in writing. Upon confirmation of conflict clearance, we will provide the complete intake file, including [Medical Records/Authorizations/Supporting Documents].

We look forward to discussing the potential for a referral agreement or co-counsel arrangement in accordance with [State Bar Rule Number/Rules of Professional Conduct].

Sincerely,

[Your Name]
[Your Law Firm]
[Your Phone Number]
[Your Email Address]