

[Your Name/Law Firm Name]

[Your Address]

[City, State, Zip Code]

[Phone Number]

[Email Address]

[Date]

[Recipient Name]

[Recipient Law Firm Name]

[Recipient Address]

[City, State, Zip Code]

RE: Referral of Medical Malpractice Matter - [Client Name]

Dear [Recipient Name],

I am writing to formally introduce and refer a potential medical malpractice client, [Client Name], to your firm. Given your expertise in this specialized field, I believe your office is best suited to evaluate and handle this matter.

Client Contact Information:

Name: [Client Name]

Phone: [Client Phone Number]

Email: [Client Email Address]

Brief Summary of Claim:

On or about [Date of Incident], [Client Name] underwent [Procedure/Treatment] at [Hospital/Facility Name] under the care of [Doctor/Provider Name]. It is alleged that [briefly describe the negligence, e.g., surgical error, failure to diagnose, or medication error], resulting in [describe injuries or damages].

Status of Materials:

I have enclosed the following documents for your review:

- [List documents, e.g., initial intake notes, medical authorizations, or relevant records]

Please let me know if you are interested in accepting this referral. If so, I look forward to discussing a referral fee arrangement in accordance with [State Bar] rules and professional conduct guidelines.

I have advised the client that you will be contacting them shortly to discuss the merits of the case. Please keep me informed of your decision regarding representation.

Sincerely,

[Your Signature]

[Your Printed Name]