

[Your Name/Law Firm Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

[Date]

[Expert Witness Name]

[Medical Facility/Practice Name]

[Address Line 1]

[City, State, Zip Code]

**RE: Letter of Instruction**

**Case Name:** [Case Name/Reference Number]

**Subject:** [Patient/Client Name]

**Date of Birth:** [DOB]

Dear [Expert Name],

We represent [Client Name] in relation to a [personal injury/medical negligence/other] claim. We wish to formally instruct you to act as an independent medical expert to provide an expert opinion regarding [briefly state the core issue, e.g., causation and prognosis].

**Background**

[Provide a brief summary of the incident or medical history relevant to the case].

**Your Instructions**

We require a written report addressing the following points:

- Summarize the relevant medical history based on the records provided.
- Describe the current condition and symptoms of the claimant.
- Provide your opinion on the cause of the injuries/condition.
- Detail the prognosis and any recommended future treatment or care requirements.
- [Insert specific legal questions or "But-For" tests required].

**Documentation**

Enclosed are the following documents for your review:

- Medical Records from [Facility Name] dated [Dates].
- Witness Statements.
- [Other relevant reports/imaging].

**Compliance and Deadlines**

Your report must comply with the [State/Federal/Civil Procedure] Rules regarding expert evidence. Please include a statement of truth and a copy of your current CV. We require the final report by [Deadline Date].

**Fees**

We confirm acceptance of your fee estimate dated [Date]. Please address all invoices to [Firm Name].

Please acknowledge receipt of these instructions and confirm that you have no conflict of interest in this matter.

Yours sincerely,

[Your Signature]

[Your Printed Name]