

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

[Date]

[Name of Healthcare Provider/Doctor/Hospital]
[Address]
[City, State, Zip Code]

RE: NOTICE OF INTENT TO INITIATE MEDICAL MALPRACTICE LITIGATION

Dear [Name of Healthcare Provider],

This letter serves as formal notice, pursuant to [State Statute Number, if applicable], of my intent to initiate a medical malpractice lawsuit against you and/or [Name of Institution] for professional negligence arising from medical treatment provided on or about [Date(s) of Treatment].

Factual Basis of the Claim:

[Briefly describe the medical procedure or event that occurred].

Acts or Omissions Constituting Negligence:

[Identify what the provider did wrong or failed to do, such as failure to diagnose, surgical error, or medication error].

Standard of Care:

[State the expected standard of care and how it was breached].

Injuries and Damages Sustained:

As a direct and proximate result of the aforementioned negligence, I have suffered the following injuries: [List injuries, additional medical costs, loss of income, and/or pain and suffering].

In accordance with state law, I am providing this notice to allow for the required pre-suit period for investigation and potential settlement discussions. Please notify your professional liability insurance carrier immediately regarding this matter.

Sincerely,

[Your Signature]

[Your Printed Name]