

NOTICE OF INTENT TO INITIATE MEDICAL MALPRACTICE CLAIM

DATE: [Date]

TO:

[Name of Healthcare Provider/Doctor]

[Name of Medical Facility]

[Address]

[City, State, Zip Code]

RE: NOTICE OF CLAIM FOR MEDICAL NEGLIGENCE

PATIENT INFORMATION:

Patient Name: [Patient's Full Name]

Date of Birth: [Patient's Date of Birth]

Dates of Treatment: [Start Date] to [End Date]

Dear [Name of Healthcare Provider/Administrator],

Please be advised that this letter serves as formal notice of a medical malpractice claim against [Name of Provider/Facility] pursuant to [State Statute, if applicable].

I. Statement of Facts:

The events giving rise to this claim occurred on or about [Date] at [Location]. The specific circumstances are as follows:

[Provide a brief description of the medical procedure or encounter.]

II. Basis of Claim:

It is alleged that [Name of Provider] failed to meet the applicable standard of care by:

[List specific failures, e.g., failure to diagnose, surgical error, medication error].

III. Description of Injuries:

As a direct and proximate result of the aforementioned breach of the standard of care, [Patient Name] suffered the following injuries and damages:

[Describe physical injuries, additional medical expenses, lost wages, or permanent disability].

IV. Preservation of Records:

You are hereby instructed to preserve any and all medical records, imaging, billing statements, and internal communications related to the treatment of [Patient Name].

Please acknowledge receipt of this notice. You may direct all future correspondence regarding this matter to the undersigned.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Phone Number]

[Your Email Address]

[Your Mailing Address]