

[Your Law Firm Name]
[Address]
[City, State, Zip Code]
[Phone Number]
[Email]

[Date]

[Physician Name]
[Medical Practice Name]
[Address]
[City, State, Zip Code]

RE: Notice of Deposition

Patient Name: [Patient Name]

Case Name: [Case Name]

Case Number: [Court Case Number]

Dear Dr. [Physician Last Name],

Our office represents [Plaintiff/Defendant] in the above-referenced legal matter. Records indicate that you provided medical treatment to [Patient Name] for injuries related to this case.

Enclosed please find a formal Notice of Deposition and a Subpoena Duces Tecum compelling your testimony on the following date and time:

Date: [Deposition Date]

Time: [Deposition Time]

Location: [Physical Address or Virtual Link]

The scope of this deposition will concern your examination, diagnosis, treatment, and prognosis of [Patient Name]. Please bring a complete copy of the patient's medical file, including all charts, reports, imaging, and billing statements, to the deposition.

We understand your schedule is demanding. If the scheduled time presents a significant conflict, or if you prefer to conduct this deposition via video conference, please contact our office immediately at [Phone Number] to discuss alternative arrangements.

Please forward your current fee schedule for expert testimony/physician depositions so that we may process payment accordingly.

Thank you for your cooperation in this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

[Title]

Enclosures: Notice of Deposition, Subpoena