

[Your Name/Law Firm Name]
[Address Line 1]
[Address Line 2]
[Phone Number]
[Email Address]

[Date]

[Plaintiff's Attorney Name]
[Law Firm Name]
[Address Line 1]
[Address Line 2]

RE: Notice of Intent to Defend

Plaintiff: [Plaintiff Name]

Defendant: [Doctor/Hospital Name]

Case Number: [Case Number, if applicable]

Claim Number: [Claim Number, if applicable]

Dear [Attorney Name],

Please be advised that this office represents [Name of Defendant] in regard to the medical malpractice claim referenced above. This letter serves as formal notice of our client's intent to defend against all allegations of negligence and liability set forth in your correspondence dated [Date of Plaintiff's Notice/Complaint].

Our client denies any deviation from the accepted standard of medical care. We are currently in the process of reviewing all relevant medical records and consulting with independent medical experts to support our defense.

Pursuant to [State Statute/Local Rule, if applicable], please forward all future correspondence, pleadings, and discovery requests regarding this matter directly to the undersigned. We request that you preserve all evidence related to this claim and provide us with a complete copy of the plaintiff's medical file in your possession.

We look forward to a resolution of this matter through the appropriate legal channels.

Sincerely,

[Signature]
[Printed Name]
[Title/Position]

cc: [Insurance Carrier Name]