

{INCLUDETEXT "C:\\Users\\NeilB\\OneDrive - PRACCTICE LTD\\Documents\\OspreyOfficeGateway\\header.doc"}

Our Ref:        { MERGEFIELD MATTER\_FEE\_EARNER\_ID }/{ MERGEFIELD client\_no }/{ MERGEFIELD matter\_no }

Your Ref:

{ SET LETTER{ DATE \@ "d MMMM yyyy" } }{ref LETTER \@ "d MMMM yyyy" \ \\* MERGEFORMAT }

{ MERGEFIELD TK\_PIINJMEDDETS\_tkGPNAME }  
{ MERGEFIELD TK\_PIINJMEDDETS\_tkGPSURGERY }

Dear Sirs

**Our Client:**                { MERGEFIELD LINKNAME\_FORENAME\_1 } {  
                                  MERGEFIELD LINKNAME\_SURNAME\_1 }  
**Our Client's Address:** { MERGEFIELD CALCULATION\_ADDRESS }  
**Accident Date:**            { MERGEFIELD TK\_ACCDETS\_tkACCDATE }  
**Accident Location:**        { MERGEFIELD TK\_ACCDETS\_tkACCLCATION }

We are acting for the above named in relation to a Personal Injury compensation claim. We would be obliged if you would kindly forward our client's medical records to enable us to proceed with our case, and enclose herewith a Medical Authority release form duly signed by our client.

Please make sure any invoice for costs associated with the copying of our client's medical records contain our reference or our client's name; otherwise we will be unable to pay your invoice.

Thank you for your help.

Yours faithfully

{ MERGEFIELD PRACTICEINFO\_PRACTICE\_NAME\\*upper }

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