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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_tkMEDEXPERT1_title } { MERGEFIELD
TK_PIINJMEDDETS_tkMEDEXPERT1_initials } { MERGEFIELD
TK_PIINJMEDDETS_tkMEDEXPERT1_surname }
{ MERGEFIELD TK_PIINJMEDDETS_tkMEDEXPERT1_address }

Dear { MERGEFIELD TK_PIINJMEDDETS_tkMEDEXPERT1_title } { MERGEFIELD
TK_PIINJMEDDETS_tkMEDEXPERT1_surname }

Our Client: { MERGEFIELD "LINKNAME_FORENAME_1" } {
MERGEFIELD LINKNAME_SURNAME_1 }
Address: { MERGEFIELD "CALCULATION_ADDRESS" }
Date of Accident: { MERGEFIELD
TK_ACCDETS_tkACCDATE \@ "d" *Ordinal } {
MERGEFIELD TK_ACCDETS_tkACCDATE \@ "MMMM
yyyy" }
Date of Birth: { MERGEFIELD TK_PICLIENTINFO_tkCL_DOB }

We act on behalf of the above named client in respect of a claim arising from injuries received in an accident on the above date.

We should be obliged if you would examine our client and let us have a full and detailed report dealing with any relevant medical history, the injury sustained, treatment received and present condition.

Within the body of your report please deal with present condition, prognosis and in particular please comment on the capacity for work. Please confirm if any period off work was reasonable.

Please confirm if our client needs any mechanical assistance (for instance, a wheel chair) the likely cost of one and the useful life of such a machine.

So that we can assess the value of the injury suffered it is essential to establish the extent and duration of any continuing disability. In the prognosis section please comment on any areas of

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continuing disability or complaint and its impact on daily living. If there is such continuing disability you should comment upon the level of suffering or inconvenience caused and, if you are able, give your view as to when or if the complaint is likely to reasonable.

Kindly arrange an appointment for examination with our client direct. In turn we shall be responsible for your reasonable fees.

We enclose our client's authority so that you can obtain GP and Hospital records. You are free to refer to the records in your report. If you find anything in the records, which is of concern to you either in respect of the severity of our client's injury, the continuing disability suffered or the client's credibility in general then please let us know immediately and we will obtain our own copy of the records.

In order to comply with Court Rules please insert above your signature a statement that the contacts *"are true and accurate to the best of your knowledge and belief"*.

Please also confirm the following at the end of your report *"I am aware that my primary duty in preparing this report is to assist the Court in deciding any issue(s) within my own field of expertise. I understand the extent of this duty and confirm that I have complied with it"*.

We look forward to receiving your report within 4 weeks of your examination. If you will not be able to prepare your report within this period please telephone us upon receipt of these instructions.

We await hearing from you.

Yours sincerely

{ MERGEFIELD "CALCULATION_FEE_EARNER_DESCRIPTION" }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Enc.

