

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

Your Ref:

{ QUOTE { DATE \@ "d MMMM yyyy" } }

{ MERGEFIELD RTA\_COURT\_RT\_A\_MEDEX3\_name }  
{ MERGEFIELD RTA\_COURT\_RT\_A\_MEDEX3\_address }

Dear Sirs

**Re: { MERGEFIELD LINKNAME FORENAME 1 } { MERGEFIELD  
LINKNAME SURNAME 1 } v { IF { MERGEFIELD  
RTA 2 2 3 2 RTA\_COMPANYNAME }= "" "{ MERGEFIELD  
RTA 2 2 3 1 RTA\_NAME {f" " } { MERGEFIELD  
RTA 2 2 3 1 RTA\_MIDDLENAME {f" " } { MERGEFIELD  
RTA 2 2 3 1 RTA\_SURNAME }" "{ MERGEFIELD  
RTA 2 2 3 2 RTA\_COMPANYNAME }" }**  
**{ IF { MERGEFIELD RTA\_COURT\_FW\_CASE\_NO } <> "" " **Case No:** {  
MERGEFIELD RTA\_COURT\_FW\_CASE\_NO }" "" }**  
**Road Traffic Accident Claim**

We are acting for the above named Applicant in connection with injuries received in an accident which occurred on the above date. A summary of the main facts of the accident circumstances is provided below.

The main injuries appear to have been (*describe main injuries and functional impact on day to day living as in Letter of Claim*).

In order to assist with the preparation of your report we have enclosed the following documents:

Enclosures

1. Hospital Records
2. GP records
3. Statement of Events

We have not obtained [ ] records yet but will use our best endeavours to obtain these without delay if you request them.

We should be obliged if you would examine our Client and let us have a full and detailed report dealing with any relevant pre-accident medical history, the injuries sustained, treatment received and present condition, dealing in particular with the capacity for work and giving a prognosis.

It is central to our assessment of the extent of our Client's injuries to establish the extent and duration of any continuing disability. Accordingly, in the prognosis section we would ask you

to specifically comment on any areas of continuing complaint or disability or 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 or disability is likely to resolve.

If our client requires further treatment, please can you advise of the cost on a private patient basis.

Please send our Client an appointment direct for this purpose. Should you be able to offer a cancellation appointment please contact our Client direct. We confirm we will be responsible for your reasonable fees.

We are obtaining the notes and records from our Client's GP and Hospitals attended and will forward them to you when they are to hand/or please request the GP and Hospital records direct and advise that any invoice for the provision of these records should be forwarded to us.

In order to comply with Court Rules we would be grateful if you would insert above your signature, the following statement: "I confirm that I have made clear which facts and matters referred to in this report are within my own knowledge and which are not. Those that are within my own knowledge I confirm to be true. The opinions I have expressed represent my true and complete professional opinions on the matters to which they refer".

In order to avoid further correspondence we can confirm that on the evidence we have there is no reason to suspect we may be pursuing a claim against the hospital or its staff.

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

When acknowledging these instructions it would assist if you could give an estimate as to the likely time scale for the provision of your report and also an indication as to your fee.

Yours faithfully

**{ MERGEFIELD CALCULATION\_FEE\_EARNER\_DESCRIPTION }**  
**{ MERGEFIELD PRACTICEINFO\_PRACTICE\_NAME\\*UPPER }**