

Our Ref: «MATTER_FEE_EARNER_ID»/«client_no»/«matter_no»

25 March 2022

Dear

Letter of Notification

Our «LINKNAME_TITLE_1» «LINKNAME_FORENAME_1»
Client: «CLI1_ADD_INFO_FW_CLI1_MNAME» «LINKNAME_SURNAME_1»
Address: «CALCULATION_ADDRESS»
DOB: «CLI1_ADD_INFO_FW_CLI1_DOB»
NHS «FW_CN_CLI_INFO_FW_CN_NHS_NUM»
Number:

We have been instructed to act on behalf of «LINKNAME_TITLE_1» «LINKNAME_FORENAME_1» «CLI1_ADD_INFO_FW_CLI1_MNAME» «LINKNAME_SURNAME_1» in relation to treatment carried out/care provided at «FW_CN_DEF1_FW_CN_D1_HOS_TC» by on «FW_CN_DEF1_FW_CN_D1_NEG_DT» «FW_CN_DEF1_FW_CN_D1_NEG_DT».

The purpose of this letter is to notify you that, although we are not yet in a position to serve a formal Letter of Claim, our initial investigations indicate that a case as to breach of duty and/or causation has been identified. We therefore invite you to commence your own investigation and draw your attention to the fact that failure to do may be taken into account when considering the reasonableness of any subsequent application for an extension of time for the Letter of Response.

Defendant

We understand that you are the correct defendant in respect of treatment provided by at «FW_CN_DEF1_FW_CN_D1_HOS_TC» on «FW_CN_DEF1_FW_CN_D1_NEG_DT» «FW_CN_DEF1_FW_CN_D1_NEG_DT». If you do not agree, please provide us with any information you have that may assist us to identify the correct defendant. Failure to do so may result in costs sanctions should proceedings be issued.

Summary of Facts and Alleged Adverse Outcome

[Outline what is alleged to have happened and provide a chronology of events with details of relevant known treatment/care.]

Medical Records

[Provide index of records obtained and request for further records/information if required.]

Allegations of Negligence

[Brief outline of any alleged breach of duty and causal link with any damage suffered.]

Expert Evidence

[State whether expert evidence has been obtained or is awaited and, if so, the relevant discipline.]

Damage

[Brief outline of any injuries attributed to the alleged negligence and their functional impact.]

Funding**Rehabilitation**

As a result of the allegedly negligent treatment, our client has injuries/needs that could be met by rehabilitation. We invite you to consider how this could be achieved.

Limitation

For the purposes of limitation, we calculate that any proceedings will need to be issued on or before «FW_CN_DEF1_FW_CN_D1_PRILIM» «FW_CN_DEF1_FW_CN_D1_PRILIM».

Please acknowledge this letter by «fssm_TodayPlus14Days» «fssm_TodayPlus14Days» and confirm to whom any Letter of Claim should be sent. We enclose a duplicate of the letter for your insurer.

Recoverable Benefits

The claimant's National Insurance Number will be sent to you in a separate envelope.

We look forward to hearing from you.

Yours Sincerely

«CALCULATION_FEE_EARNER_DESCRIPTION»
«PRACTICEINFO_PRACTICE_NAME»

