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Our Ref: **{** MERGEFIELD MATTER_FEE_EARNER_ID **}/{** MERGEFIELD client_no **}/{** MERGEFIELD matter_no **}**

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

{ IF **{** MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name **}** = "" "**{** MERGEFIELD FW_CN_DEF1_FW_CN_D1_TITLE **} {** MERGEFIELD FW_CN_DEF1_FW_CN_D1_FNAME **} {** MERGEFIELD FW_CN_DEF1_FW_CN_D1_SNAME **}**
{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_ADD **}**" "The Chief Executive
{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name **}**
{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_address **}**" **}**

Dear **{** IF **{** MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name **}** = "" "**{** MERGEFIELD FW_CN_DEF1_FW_CN_D1_TITLE **} {** MERGEFIELD FW_CN_DEF1_FW_CN_D1_SNAME **}**" "Sirs" **}**

Letter of Notification

Our Client:	**{** MERGEFIELD LINKNAME_TITLE_1 **} {** MERGEFIELD LINKNAME_FORENAME_1 **} {** MERGEFIELD CLI1_ADD_INFO_FW_CLI1_MNAME **} {** MERGEFIELD LINKNAME_SURNAME_1 **}**
Address:	**{** MERGEFIELD CALCULATION_ADDRESS **}**
DOB:	**{** MERGEFIELD CLI1_ADD_INFO_FW_CLI1_DOB **}**
NHS Number:	**{** MERGEFIELD FW_CN_CLI_INFO_FW_CN_NHS_NUM **}**

We have been instructed to act on behalf of **{** MERGEFIELD "LINKNAME_TITLE_1" **} {** MERGEFIELD "LINKNAME_FORENAME_1" **} {** MERGEFIELD "CLI1_ADD_INFO_FW_CLI1_MNAME" **} {** MERGEFIELD "LINKNAME_SURNAME_1" **}** in relation to treatment carried out/care provided at **{** MERGEFIELD FW_CN_DEF1_FW_CN_D1_HOS_TC **}** by **{** IF **{** MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name **}** = "" "**{** MERGEFIELD FW_CN_DEF1_FW_CN_D1_TITLE **} {** MERGEFIELD FW_CN_DEF1_FW_CN_D1_FNAME **} {** MERGEFIELD FW_CN_DEF1_FW_CN_D1_SNAME **}**
" "**{** MERGEFIELD "FW_CN_DEF1_FW_CN_D1_DR_title" **} {** MERGEFIELD "FW_CN_DEF1_FW_CN_D1_DR_forename" **} {** MERGEFIELD "FW_CN_DEF1_FW_CN_D1_DR_surname" **}**" **}** on **{** MERGEFIELD FW_CN_DEF1_FW_CN_D1_NEG_DT \@"d"*Ordinal**} {** MERGEFIELD FW_CN_DEF1_FW_CN_D1_NEG_DT \@"MMMM yyyy"**}**.

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

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We understand that you are the correct defendant in respect of treatment provided by **{** IF **{** MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name **}** = "" "**{** MERGEFIELD FW_CN_DEF1_FW_CN_D1_TITLE **} {** MERGEFIELD FW_CN_DEF1_FW_CN_D1_FNAME **} {** MERGEFIELD FW_CN_DEF1_FW_CN_D1_SNAME **}** " "**{** MERGEFIELD "FW_CN_DEF1_FW_CN_D1_DR_title" **}** **{** MERGEFIELD "FW_CN_DEF1_FW_CN_D1_DR_forename" **}** **{** MERGEFIELD "FW_CN_DEF1_FW_CN_D1_DR_surname" **}**" **}** at **{** MERGEFIELD FW_CN_DEF1_FW_CN_D1_HOS_TC **}** on **{** MERGEFIELD FW_CN_DEF1_FW_CN_D1_NEG_DT \@"d"*Ordinal**}** **{** MERGEFIELD FW_CN_DEF1_FW_CN_D1_NEG_DT \@"MMMM yyyy"**}**. 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

{ IF **{** MERGEFIELD FW_CN_CLI_INFO_FW_CN_TYPE_FUN **}** = "Legal Aid" "Our Client has the benefit of Public Funding." "" **}{** IF **{** MERGEFIELD FW_CN_CLI_INFO_FW_CN_TYPE_FUN **}** = "CFA" "We are acting for our client under a Conditional Fee Agreement entered in to after April 2013." "" **}{** IF **{** MERGEFIELD FW_CN_CLI_INFO_FW_CN_TYPE_FUN **}** = "Private" "Our client is privately funded." "" **}{** IF **{** MERGEFIELD FW_CN_CLI_INFO_FW_CN_TYPE_FUN **}** = "BTE Insurance" "Our client is funded by a Before the Event Insurance policy obtained before/after April 2013" "" **}{** IF **{** MERGEFIELD FW_CN_CLI_INFO_FW_CN_TYPE_FUN **}** = "Other" "[state method of funding and whether arrangement was entered into before or after April 2013]" "" **}**

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 **{** MERGEFIELD FW_CN_DEF1_FW_CN_D1_PRILIM \@"d"*Ordinal **}** **{** MERGEFIELD FW_CN_DEF1_FW_CN_D1_PRILIM \@"MMMM yyyy"**}**.

Please acknowledge this letter by **{** MERGEFIELD fssm_TodayPlus14Days \@"d"*Ordinal **}** **{** MERGEFIELD fssm_TodayPlus14Days \@"MMMM yyyy" **}** 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.

{ IF **{** MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name **}** = "" "Yours Sincerely" " Yours Faithfully"**}**

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }