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

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

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

{ MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME3_CON_title" **}** **{** MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME3_CON_forename" **}** **{** MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME3_CON_surname" **}**
{ IF **{** MERGEFIELD FW_CN_MED_EXP_FW_CN_ME3_CON_compname **}** = "" "**{** MERGEFIELD FW_CN_MED_EXP_FW_CN_ME3_CON_address **}**" "**{** MERGEFIELD FW_CN_MED_EXP_FW_CN_ME3_CON_compaddress **}**" **}**

Dear **{** MERGEFIELD FW_CN_MED_EXP_FW_CN_ME3_CON_title **}** **{** MERGEFIELD FW_CN_MED_EXP_FW_CN_ME3_CON_surname **}**

Re: **Our Client:** **{** MERGEFIELD "LINKNAME_FORENAME_1" **}** **{** MERGEFIELD LINKNAME_SURNAME_1 **}**
Address: **{** MERGEFIELD CLIENT_HOUSE **},** **{** MERGEFIELD "CLIENT_POSTAL_TOWN" **},** **{** MERGEFIELD "CLIENT_POSTCODE" **}**
Date of Birth: **{** MERGEFIELD CLI1_ADD_INFO_FW_CLI1_DOB \@"d"*Ordinal **}** **{** MERGEFIELD CLI1_ADD_INFO_FW_CLI1_DOB \@"MMMM yyyy"**}**

We act on behalf of the above named client in relation to a potential clinical negligence claim arising out of the circumstances of their treatment provided by **{** **IF** **{** **MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name** **}** **<>** **""** **"{** **MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name** **}"** **"{** **MERGEFIELD "FW_CN_DEF1_FW_CN_D1_FNAME"** **}** **{** **MERGEFIELD "FW_CN_DEF1_FW_CN_D1_SNAME" }" }.**

Summary

Our purpose in writing to you is to see whether you would be willing and able to comment on the liability/causation/condition and prognosis issues in this matter. We would ask you to look at the standard of care afforded to our client by **{** **IF** **{** **MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name** **}** **<>** **""** **"{** **MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name** **}"** **"{** **MERGEFIELD "FW_CN_DEF1_FW_CN_D1_FNAME"** **}** **{** **MERGEFIELD "FW_CN_DEF1_FW_CN_D1_SNAME" }" }.**

If you are willing and able to provide a report looking at these issues, we should be grateful if you would respond to the following points so as to avoid any misunderstanding in the future.

1.   That you are willing to act on behalf of our client in this claim and will prepare a report on the liability and causal aspects of this potential claim. In your capacity as an expert witness, this will involve your preparing any supplementary reports, attending at conference with counsel, examining the defendant's medical evidence, attending at any expert witness meetings and subsequently attending Trial to provide all evidence. Of course, this does not represent an exhaustive list of your potential work

relating to this matter, but we feel it appropriate to inform you of the potential work load prior to formal instructions being sent.

2. [That you were practicing as a NHS specialist at the material time]

3. The fact there is no potential conflict of interest in your reporting on this matter.

4. Your hourly charging rate and the anticipated fee for your report;

5. The time for you to prepare your initial report following our instructions.

6. That to comment on the issues noted above is within your area of specialism.

7. Please provide an up-to-date CV with details of any clinical and medico-legal experience.

We thank you in advance for your assistance in this matter.

{ 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." "" **}{** 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" "" **}{** IF **{** MERGEFIELD FW_CN_CLI_INFO_FW_CN_TYPE_FUN **}** = "Other" "[Please Stata how the client is funded]" "" **}**

Should you require any further information, please do not hesitate to contact the writer on the above number.

Yours Sincerely

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }