**Confidential**

**Requestee Name:** Click or tap here to enter text.

**Requesting Law Firm:** Click or tap here to enter text.

**Plaintiff Name:** Click or tap here to enter text.

**Plaintiff D.O.B:** Click or tap to enter a date.

**Ref No:**

We thank you for agreeing to assist with the preliminary assessment of negligence in this case via the Medical Negligence Triage Service offered by MAG.

We take this opportunity to provide the following brief summary of facts:

1. Click or tap here to enter text.

2. Click or tap here to enter text.

3. Click or tap here to enter text.

4. Click or tap here to enter text.

5. Click or tap here to enter text.

6. Click or tap here to enter text.

7. Click or tap here to enter text.

8. Click or tap here to enter text.

9. Click or tap here to enter text.

We seek a liability opinion regarding the surgery performed by Dr Click or tap here to enter text.

We request that an informal preliminary assessment occur, before a formal opinion is sought at cost to our client. In that regard, we are in possession of radiological scans which can be provided upon request.

If our client is to incur any charges or fees, please notify us prior to continuing further.

We thank you for agreeing to assist, and we look forward to receiving your response.

Yours faithfully,

Click or tap here to enter text.





