

**Instruction: This is a model letter. Adapt to fit your facts and circumstances.**

<date>

<physician>

<address>

<address>

<address>

**RE:**

\_\_\_\_\_

**Patient/Client:**

\_\_\_\_\_

**Date of Accident:**

\_\_\_\_\_

**Our File No:**

\_\_\_\_\_

Dear <physician>:

This firm has the pleasure of representing <client> regarding injuries he sustained in accident on the above referenced date. I understand that you have treated him for those injuries, and I am in need of the following information and opinions:

- 1) What is the date of MMI for <client>?
- 2) What is your final diagnosis of the injuries <client> sustained?
- 3) Do you feel any further treatment or any surgeries are necessitated for the injuries, and if so, please detail same and the cost, if possible.
- 4) Please provide me with any permanent impairment ratings or percentages you have assigned to him for the injuries.
- 5) Please delineate any permanent restrictions/limitations <client> will have as a result of his injuries.

I appreciate your help in this matter and I look forward to hearing from you.

Yours very truly,