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

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

Your Ref:

{ SET LETTER**{** DATE \@ "d MMMM yyyy" **}** **}{**ref LETTER \@ "d MMMM yyyy" \ * MERGEFORMAT **}**

{ MERGEFIELD TK_PIINJMEDDETS_tkHOSPITAL_name **}**
{ MERGEFIELD TK_PIINJMEDDETS_tkHOSPITAL_address **}**

Dear Sirs

Our Client: **{** MERGEFIELD "LINKNAME_FORENAME_1" **}** **{** MERGEFIELD LINKNAME_SURNAME_1 **}**
Date of Accident: **{** MERGEFIELD TK_ACCDETS_tkACCDATE **}**
Patient Number: **{** MERGEFIELD TK_PIINJMEDDETS_tkPATIENTNO **}**
Consultant: **{** MERGEFIELD TK_PIINJMEDDETS_TK_HOSPCONS **}**

We are acting for the above named in relation to a Personal Injury compensation claim. We understand that as a result of injuries sustained, our client was treated by a member of your staff.

We would be obliged if you would kindly forward our client's medical records to enable us to proceed with our case, and confirm that we will undertake to pay your reasonable charges in respect of the same.

We enclose herewith a Medical Authority release form duly signed by our client.

Thank you for your help.

Yours faithfully

{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*upper **}**