{INCLUDETEXT "C:\\Users\\rebecca\\AppData\\Local\\Packages\\PraccticeLimited.OspreyApproachSupervisor App_expxx2x1s6rv4\\LocalState\\OspreyDocuments\\3c10a894-78b3-4480-b611-ec07e1993a39\\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_tkGPNAME }
{ MERGEFIELD TK_PIINJMEDDETS_tkGPSURGERY }

Dear Sirs

Our Client: **{ MERGEFIELD LINKNAME_FORENAME_1 } { MERGEFIELD LINKNAME_SURNAME_1 }**
Our Client's Address: { MERGEFIELD CALCULATION_ADDRESS }
Accident Date: { MERGEFIELD TK_ACCDETS_tkACCDATE }
Accident Location: { MERGEFIELD TK_ACCDETS_tkACCLCATION }

We are acting for the above named in relation to a Personal Injury compensation claim. We would be obliged if you would kindly forward our client's medical records to enable us to proceed with our case, and enclose herewith a Medical Authority release form duly signed by our client.

Please make sure any invoice for costs associated with the copying of our client's medical records contain our reference or our client's name; otherwise we will be unable to pay your invoice.

Thank you for your help.

Yours faithfully

{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*upper }

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