

Form 2
Sample Letter of Request for Discussion

To: Head *without prejudice save as to costs*
[Name] Department
[Name of hospital/medical practice]
[Address]

Dear Sir

[Patient's full name]
[Patient's NRIC or passport number]

Thank you for the medical report on the abovenamed written by Dr. [name].

Our client [*together with us as his solicitors*] proposes to meet the doctor(s) involved in his treatment [*the treatment of the abovenamed deceased*] on a **without prejudice** basis so that he may have a better understanding of the management of his [*the deceased's*] illness [*injury/disability*].

Please reply within 14 days of receipt of this letter stating the date, time and venue of the meeting at your hospital [*medical practice*]. The meeting should be held no later than 2 months from the date of this letter.

Please note that unless we hear from you within the requisite 14 days, our client will have no alternative but to commence proceedings against the relevant doctor(s).

All communications arising out of this meeting will be treated in strict confidence and will not be disclosed to the Court in the event that legal proceedings are commenced.

Yours faithfully,

cc. [name of the defendant doctor(s)]