

Message from Ryan Krebs, M.D., J.D.

Hello,

Thank you for taking the time to call our offices. I am sorry to learn of the medical problems experienced and the difficulties this situation has placed on your family. As we discussed on the phone, Dr. Krebs will require additional information in order to determine if he can assist you in preparing a possible lawsuit in this matter. I appreciate your willingness to help me in gathering that required information. Our first step together is to prepare answers to the questions below. I would appreciate it if you could please send a quick note to confirm your receipt of this message. Then also please call our offices again once you e-mail your reply so that we can be sure to look for your message.

Of course please feel free to call me again if you have any questions while reviewing this note. I thank you for your help so far, and I look forward to speaking with you again.

Best regards,

**Richard Kelly
Legal Administrative Assistant
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YOUR NAME AND YOUR RELATIONSHIP TO THE INJURED PERSON:

INJURED'S NAME & AGE:

HOME ADDRESS:

HOME/CELL PHONE:

EMAIL:

MySpace etc. Address:

Number of Children and ages:

MEDICAL NEGLIGENCE ISSUES

1. Who do you feel was negligent? Include names, addresses, phone numbers, hospital names, clinic names, etc.

Doctors:

Nurses:

Hospitals:

2. When did the negligence occur?

3. Where did the negligence occur?

State: County:

4. What do you believe the health care provider(s) did wrong?

5. What do you believe the health care provider(s) should have done differently?

6. How would the health or condition be better if better care had been provided?

7. Has any health care professional criticized the care received? If so, please give that person's name, address, phone number, and what they said.

INJURY AND DAMAGES

1. List all physical injuries caused by this incident:

2. List all emotional injuries caused by this incident:

3. List all other disabilities (learning, cognitive, emotional, etc.) caused by the incident in question.

4. What (if any) measures are needed to make up for these disabilities.

5. Are these disabilities ongoing?

6. What impact are they having on you and your family?

7. Give an estimate of the total amount of the medical bills incurred on your behalf.

8. Has an insurer paid the medical bills (private health insurance, Medicare, Medicaid, Workers Comp)?

If so, give the name of all insurers that have paid the bills.

9. What medical bills are outstanding?

10. Give an estimate of the total amount of wage income lost as a result of the incident in question.

11. Has any formal complaint been filed with any hospital, clinic, or state agency regarding the incident complained of? If so, please identify to whom the complaint was made, when it was made, and if any final determination has been issued. If the complaint was in writing, please attach a copy.

12. Have any medical records been obtained? If so, what records do you have?

13. What are your expectations in this case?

*** Provide timeline of events example as follows (start with date of first appointment with doctor/clinic/hospital/ER concerning your symptoms thru present):**

1. Appointment (MM/DD/YYYY):

2. Who with or where:

3. Reason for appointment:

Outcome/ current condition:

1. Appointment (MM/DD/YYYY):

2. Who with or where:

3. Reason for appointment:

Outcome/ current condition:

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2. Who with or where:
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Outcome/ current condition:

ADDITIONAL INFORMATION

How were you referred to this office?

PLEASE MAKE NOTE THAT YOU ARE TO CALL OUR OFFICE TO INSURE ANSWERS TO QUESTIONS HAVE BEEN RECEIVED

Note: Under current Texas law, you appear to have two (2) years from the date of occurrence in which to file a lawsuit. However, the Texas Supreme Court periodically changes the law and circumstances affecting the statute of limitations for various types of cases, which may effect when the statute of limitations in your particular case will run. Remember – under Texas law you are forever prevented from filing a lawsuit unless it is done within the deadlines set out above.