

IN THE CIRCUIT COURT OF [COUNTY], [STATE]

[Plaintiff's Name]

[Plaintiff's Address]

[City, State ZIP]

Plaintiff,

v.

[Defendant's Name, M.D.]

[Defendant's Address]

[City, State ZIP]

Defendant.

Case No: _____

COMPLAINT FOR MEDICAL MALPRACTICE

PARTIES

1. Plaintiff, [Plaintiff's Name], is an adult individual residing at [Address, City, State ZIP].
2. Defendant, [Defendant's Name, M.D.], was at all material times a licensed medical practitioner practicing in [City, State], with an office located at [address].

JURISDICTION AND VENUE

3. Jurisdiction is proper in this Court pursuant to [relevant statute].
4. Venue is proper in this Court because the events giving rise to these claims occurred in this county.

FACTUAL ALLEGATIONS

5. On or about [date], Plaintiff sought medical care and treatment from Defendant.
6. Defendant diagnosed Plaintiff with [describe diagnosis or condition] and recommended/undertook [treatment, procedure, or surgery].
7. Defendant failed to meet the accepted standard of medical care by [describe negligence, e.g., failing to diagnose, improper procedure, etc.].
8. As a direct and proximate result of Defendant's negligence, Plaintiff suffered injuries including [describe injuries], resulting in pain, suffering, additional medical expenses, lost wages, and other damages.

COUNT I – MEDICAL MALPRACTICE

9. Plaintiff realleges and incorporates by reference Paragraphs 1 through 8 as if fully set forth herein.
10. Defendant owed Plaintiff a duty of care as a treating physician.
11. Defendant breached that duty by failing to provide treatment consistent with the accepted standard of medical practice.
12. As a direct and proximate result of Defendant's breach, Plaintiff suffered damages.

PRAYER FOR RELIEF

WHEREFORE, Plaintiff respectfully requests that the Court:

- a. Enter judgment in favor of Plaintiff and against Defendant;
- b. Award compensatory damages in an amount to be proven at trial;
- c. Award costs of suit and any other relief as the Court deems just and proper.

Date: _____

Respectfully submitted,

[Plaintiff's Name]

[Plaintiff's Attorney (if applicable)]

[Address]

[Phone Number]

[Email]