Medical Treatment No Claim Declaration

Subject: No Claim Declaration for Medical Treatment

Dear Medical Administrator,

I am writing to formally declare that I have no claims against [Hospital/Clinic Name] or any of its medical staff regarding the treatment I received on [Date] for [Medical Condition/Procedure].

The medical care provided was satisfactory and met my expectations. I experienced no complications, adverse effects, or negligence that would warrant any legal or financial claims. All treatment procedures were explained adequately, and informed consent was obtained appropriately.

I acknowledge that medical treatments carry inherent risks, and I accept that the outcomes achieved were within reasonable medical standards. This declaration covers all aspects of my treatment including diagnosis, procedures, medications, and post-treatment care.

I am providing this letter voluntarily for your records and to confirm my satisfaction with the services received.

Sincerely,

[Patient Name]

[Patient ID Number]

[Date of Birth]

[Contact Information]