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August 3, 1998

Dr. Richard M. Braun, M.D.
770 Washington Street, Suite 301
San Diego, CA 92103
FACSIMILE 619-297-9076

Re: My Client/Your Patient: Rick Hollifield
Date of Accident: 8/28/96

Dear Dr. Braun:

As you know, I represent Rick Hollifield concerning injuries he sustained on August 28, 1996.

Please prepare a brief medical/legal letter for this office regarding the above-referenced patient. I have enclosed a medical authorization, signed by my client, which will allow you to release the requested information.

Please include in your report the following information:

1. Diagnosis;
2. Prognosis;
3. Description of injury and recovery period;
4. Cost of future medical expenses;
5. Length of future disability (if any); and,
6. Any other information which you believe is important in evaluating the medical injuries and the condition of Mr. Hollifield.

Thank you for your cooperation in this matter.

Very truly yours,


DEAN A. GOETZ

DAG:pc
Enc.