### horizontal line**Medical Legal Letter**

[Your Name/Your Law Firm’s Name]  
[Your Address]  
[City, State, ZIP Code]  
[Phone Number]  
[Email Address]  
[Date]

**To**[Recipient’s Name or Institution]  
[Recipient’s Address]  
[City, State, ZIP Code]

**Subject:** Request for Medical Records Regarding [Client/Patient Name]

**Dear [Recipient’s Name/To Whom It May Concern]:**

**1. Introduction:**I represent [Client’s Name], who has authorized me to obtain their medical records for the purpose of [legal case or review]. Please find the signed authorization form attached for your reference.

**2. Records Requested:**I kindly request a complete copy of the medical records for [Client’s Name], covering the period from [Start Date] to [End Date], including but not limited to:

* Consultation notes
* Diagnostic reports
* Treatment plans
* Billing records

**3. Timeline:**Please provide the requested documents within [specific time frame, e.g., "15 days from the date of this letter"] in accordance with applicable legal requirements.

**4. Contact Information:**If you have any questions or require additional information, please contact me at [Phone Number] or [Email Address].

**Sincerely,**[Your Name]  
[Your Title/Position, e.g., Attorney-at-Law]  
[Your Firm’s Name, if applicable]

[Enclosures: Signed Authorization Form]