
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]