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# 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]