

Instruction: This is a model letter. Adapt to fit your facts and circumstances.

Return address:
Name
Address Line 1
Address Line 2
City, State Zip Code

Date

Name
Company
Address Line
City, State Zip Code

Re: Request for Patient Medical Records

Dear :

We are representing in her/his claim against for an accident that occurred on . suffered injuries due to this accident and was treated at your facility. We are requesting your medical records pertaining to this claim.

Please contact us if you have any questions.

Sincerely,

N A M E