

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

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

Re: Request for Additional Medical Information

Dear :

I am writing to request additional medical information for . We received the information pertaining to our first request, but could not find any information pertaining to the patient's last tetanus shot. It is imperative that we get this information as soon as possible.

Sincerely,

N A M E