

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

Date

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

Hospital  
Medical Records Department  
Address Line  
City, State Zip Code

RE: My Client:  
Social Security No:

TO WHOM IT MAY CONCERN:

This firm represents in his claim for Social Security disability benefits. Mr. has informed me that you are treating him for several ailments, including a severe heart condition.

I need any and all medical records on this patient that you have in your files. I have enclosed a medical authorization allowing you to release this information to my office. Along with these medical records, please furnish me with your bill for the copying of same, and I will remit a check to you by return mail.

Should you have any questions regarding the above, please do not hesitate to contact me.

Sincerely yours,

Enclosure