Medical Records Sample Letter

ATTN: Medical Records	
Re: State of Ohio v.	
Dear Sir/Madam:	
Please be advised that in the above referenced matter. The	is representing
in the above referenced matter. The a detailed social history to be completed on our clie	information requested herein is necessary for nt's behalf.
In an effort to properly represent Mr us with any and all of his medical records. These re-	, we are requesting that you provide cords should include, but are not limited to:
 Admission and release dates; Presenting problems, diagnoses, treatment p referrals, if applicable; Prescriptions; Testing and test outcomes including: X-rays tests, CAT scans, etc. Doctor notes and reports Nursing notes Emergency room records Intake and discharge reports Any additional records 	lans and attending physicians' names, s, psychological evaluations, urine tests, blood
To assist you in locating these records, Mr and his social security number is	's birth date is
It is our understanding that Mr	_ was treated in your medical facility

CLIENT NAME DATE Page 2

In addition to our records request stated above, please indicate the name of your agency's custodian of records, as it may be necessary to have the authenticity of the documents verified. **Please certify the records.**

An authorization for release of all such records is enclosed for your files. Thank you for your assistance.

Please mail and/or fax this information to my attention as soon as possible.

Sincerely,

Enclosure