

Attorney Legal Medical Records Letter

Subject: Legal Medical Records Request - [Case Name/Number]

Dear Records Administrator,

I am representing [Patient Name] in a legal matter and am formally requesting medical records pursuant to [relevant law/regulation]. This request is made under the authority of the enclosed signed authorization from my client.

Case Information:

Patient: [Full Name]

DOB: [Date]

Case Reference: [Number]

Attorney: [Your Name, Firm]

Bar Number: [If applicable]

Records Requested:

Complete medical records from [date range]

All diagnostic tests and imaging

Treatment notes and progress reports

Billing records related to care

Any expert evaluations or assessments

These records are necessary for ongoing litigation and must be certified copies suitable for legal proceedings. Please provide an itemized invoice for all copying and administrative fees.

I have enclosed the patient's signed HIPAA authorization and will provide any additional documentation required. Please contact me at [phone/email] to coordinate the secure transfer of these records.

This matter is subject to legal deadlines, so prompt processing would be appreciated.

Sincerely,

[Attorney Name]

[Title and Firm]

[Contact Information]

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