

Medical Request for Production of Documents

Form - Request for Medical Records

Smith, Smith and Smithe, P.A.
100 Main Street
Anytown, USA 00001
Telephone: (999) 555-1000

Medical Records Librarian
Address of Hospital
Re: Medical Records of (Client's Name)
Client's Address
Client's Social Security Number
Client's Birth date
Date of Care
Date of Discharge

Dear Records Librarian:

The firm of (Firm Name) has been retained to represent the above named individual. Enclosed is a current "Authorization to Release Medical Information" executed by our client. Would you please send copies of the following records to me:

- Discharge Summary ER and outpatient reports
- Patient's chart History and physical
- Operative and pathology reports X-ray reports
- Lab Reports progress notes by physicians and nurses
- Doctors' orders Consultation reports
- Nurses' notes Alcohol and drug treatment notes
- Others _____

On receipt of the records, our firm will promptly submit payment for any preparation fee.

Thank you for your assistance.

Sincerely,

Attorney Name
Enclosure: Authorization for Release of Medical Information