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**Doctor’s Letter to Patient’s Attorney Seeking Patient Records**

**or Narrative Report on Required Costs/Prepayment**

Date

Attorney

Anywhere Address

Someplace, State Zip

RE: Patient/Client:

Date of Injury:

Your File No.:

Dear Attorney :

It has come to our attention that your office has requested the following documentation or information from our office in relation to your legal representation of the above-referenced patient:

1. 🞏 Duplication of patient’s healthcare treatment records
2. 🞏 Completion of a narrative report from treating doctor

We wanted your office to be aware of our office policies as it relates to the above-referenced request. Initially, our office requires a prepayment for the requested records/information/deposition/trial testimony. Prepayment for this request totals $ which must be paid on or before [or] before release of the records/narrative report/requested testimony.

We appreciate your anticipated cooperation with these various office policies. Please do not hesitate to contact me should you have any questions or concerns. Thank you.

Sincerely,

Doctor or Office’s Representative

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