

Date

Dr.
Address
Address

Re: Our Client/Your Patient:
Date of Birth:
Date of Injury:
WC Claim No.

Dear Dr.:

Please be advised that this office represents the legal interests of (name) with regard to the above workers compensation claim.

As an agent authorized to advance costs for our client's case, we would appreciate receiving copies of all medical records, chart notes, reports, and other medical documents beginning (date) through the present regarding the above-referenced matter. Please **DO NOT COPY** the following:

1. Any letters, fax cover sheets, medical authorizations, or any other documents from us;
2. Any documents from the copy service hired to copy our client's records;
and
3. Blank pages.

We have enclosed an executed Release of Medical Information form for your convenience.

If there is a cost for the provision of medical records and bills, please contact this office to confirm those costs. **Unless the actual costs are pre-approved by this office, payment will not be remitted.** If you have questions, please feel free to contact me.

Very truly yours,