

## FINAL NOTICE

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Date of Birth: [Insert Date of Birth]

Account Number: [Insert Account Number]

To [Recipient Name/Facility Name],

This is a formal final follow-up regarding our previous requests for the release of medical records for the above-mentioned patient. As of today, we have not received the required signed authorization form necessary to complete this transfer.

We have attached the Authorization for Release of Information form once again. Please ensure this document is signed and returned to our office immediately via one of the following methods:

- Fax: [Insert Fax Number]
- Email: [Insert Email Address]
- Mail: [Insert Mailing Address]

Failure to provide the signed release by [Insert Deadline Date] may result in the closure of this request and may cause delays in [care coordination/insurance processing/legal proceedings].

If you have already sent this documentation, please disregard this notice.

Sincerely,

[Your Name/Department Name]

[Your Organization Name]

[Your Phone Number]