URGENT / EXPEDITED REQUEST

[Law Firm Name]
[Address]
[City, State, Zip Code]
[Phone Number]
[Email]

[Date]

[Custodian of Records]
[Medical Facility Name]
[Address]
[City, State, Zip Code]

RE: REQUEST FOR MEDICAL RECORDS (EXPEDITED)

Patient Name: [Patient Name]
Date of Birth: [DOB]
Social Security Number: [Last 4 Digits]
Date(s) of Service: [Dates or "All Records"]

To Whom It May Concern:

Our firm represents [Patient Name] regarding a pending legal matter. Please find the attached signed HIPAA Authorization allowing the release of all medical records to our office.

We are requesting an **expedited** delivery of the following items:

- Complete medical chart (including physician notes and intake forms)
- Diagnostic imaging and lab results
- Billing statements and itemized charges
- Pharmacy and medication logs

This request is time-sensitive due to a [statutory deadline / court hearing / trial date] scheduled for [Date]. We request that these records be provided within [Number] business days. If there are fees associated with this request, please invoice our firm immediately or contact us to provide payment via credit card to avoid delay.

Please deliver the records via [Secure Email / Fax / Physical Mail] to the attention of [Name of Legal Representative].

Thank you for your prompt cooperation.

Sincerely,

[Signature]

[Printed Name of Attorney/Legal Representative]
[Law Firm Name]

Attachment: Signed HIPAA Authorization Form