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

[Date]

[Medical Provider Name]
[Medical Facility Name]
[Department - e.g., Health Information Management]
[Street Address]
[City, State, Zip Code]

RE: SUPPLEMENTAL REQUEST FOR MEDICAL RECORDS

Patient Name: [Client Full Name]
Date of Birth: [MM/DD/YYYY]
Social Security Number: [XXX-XX-XXXX]
Date(s) of Service: [Date Range or "From (Date) to Present"]

To Whom It May Concern,

Our office represents the above-named individual in a legal matter. On [Date of Initial Request], we received a partial production of records from your facility.

This letter serves as a supplemental request for the remaining medical records and billing statements that were omitted or have been generated since our previous request. Specifically, we require:

- Complete medical charts and progress notes
- Diagnostic imaging reports (MRI, CT, X-Ray) and actual images on CD
- Laboratory and pathology reports
- Emergency room records
- Itemized billing statements showing all charges and payments
- [Specify any other missing documents here]

Attached is an updated HIPAA-compliant authorization signed by the client permitting the release of these records to our firm.

Please provide these records in electronic format (PDF) if possible. If there is a fee for this supplemental production, please provide an invoice and we will remit payment immediately.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]
[Title]
[Law Firm Name]

Enclosure: HIPAA Authorization Form