

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

[Date]

[Medical Provider Name]
[Medical Facility Name]
[Address]
[City, State, Zip Code]

RE: FOLLOW UP MEDICAL RECORD REQUEST

Patient Name: [Patient Name]
Date of Birth: [DOB]
Date of Injury: [Date of Injury]
Claim Number: [Claim Number]

Dear Medical Records Department,

This letter is a follow-up to our previous request sent on [Date of Original Request] regarding the medical records for the above-referenced patient. As of today, we have not yet received the requested documentation.

Please provide complete copies of all medical records, including but not limited to:

- Initial evaluation and progress notes
- Diagnostic test results (X-ray, MRI, CT scans)
- Treatment plans and physical therapy reports
- Work status reports and impairment ratings
- Itemized billing statements

Attached is a copy of the original signed HIPAA authorization for your reference. If there is a fee for these records, please notify us immediately or invoice our office directly.

Please forward the records to the address listed above or via fax at [Fax Number] within [Number] business days to avoid further administrative action.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]
[Your Printed Name]