

URGENT: WORKERS' COMPENSATION MEDICAL RECORD REQUEST

Date: [Insert Date]

To: [Medical Provider Name/Facility Name]

Address: [Provider Address]

Fax/Email: [Provider Fax or Email]

RE: [Patient Name]

Date of Birth: [Date of Birth]

Date of Injury: [Date of Injury]

Claim Number: [Claim Number]

Dear Medical Records Department,

This is an **URGENT** request for the medical records of the above-referenced patient regarding a pending Workers' Compensation claim. These records are required immediately to prevent a disruption in benefits or medical treatment authorization.

Please provide copies of the following records for the period of [Start Date] to [End Date]:

- Initial Evaluation and Progress Notes
- Diagnostic Imaging Reports (MRI, X-ray, CT)
- Physical Therapy/Rehabilitation Records
- Work Status Reports (Functional Capacity Evaluations)
- Itemized Billing Statements

Attached is a signed HIPAA-compliant Authorization for Release of Health Information. Please expedite this request and transmit the records via [Fax Number/Secure Email/Portal].

If there is a fee for this service, or if you cannot fulfill this request within 48 hours, please contact me immediately at [Your Phone Number].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name/Organization Name]

[Your Title]

[Your Contact Information]