

[Date]

[Requesting Attorney/Agency Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

**RE: Incomplete Subpoena for Medical Records**

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Subpoena/Case Number: [Case Number]

Date Received: [Date Received]

Dear [Contact Name or Records Custodian],

We have received your subpoena for the medical records of the above-referenced patient. However, we are unable to fulfill this request at this time because the documentation provided is incomplete or requires further clarification.

Specifically, we require the following to process your request:

- [ ] A valid, HIPAA-compliant patient authorization form signed by the patient or legal guardian.
- [ ] A specific date range for the records being requested.
- [ ] Clarification on whether "dictated notes" refers to specific provider types (e.g., Operative Reports, Consultations, or Progress Notes).
- [ ] Proof of service or notice to the patient/opposing counsel as required by state law.
- [ ] Payment of the required processing fee in the amount of \$[Amount].

Please provide the missing information or documentation listed above. Once we receive the completed requirements, we will process your request within [Number] business days.

If you have any questions, please contact our Medical Records Department at [Phone Number] or [Email Address].

Sincerely,

[Your Name/Signature]

[Title/Department]

[Facility Name]