

**DATE:** [Date]

**TO:**

[Custodian of Records Name]

[Facility/Clinic Name]

[Address Line 1]

[City, State, Zip Code]

**RE: NOTICE OF SUBPOENA FOR PARTIAL DISCLOSURE**

**Patient Name:** [Patient Full Name]

**Date of Birth:** [DOB]

**Social Security Number:** [SSN - Optional/Partial]

**Reference/Case Number:** [Case Number]

Dear Custodian of Records,

Pursuant to the enclosed subpoena, you are hereby requested to provide certified copies of specific portions of the medical records for the above-referenced patient. Please note that this is a request for **partial disclosure** only.

Please provide only the following **dictated medical records** for the period of [Start Date] to [End Date]:

- Dictated Physician Progress Notes
- Dictated Consultation Reports
- Dictated Discharge Summaries
- Dictated Operative and Procedure Reports
- [Specify any other specific dictated report here]

**Exclusions:** Do not include nursing notes, billing statements, diagnostic imagery (DICOM), or records originating from other healthcare providers unless specifically dictated within the scope of the treatment at your facility during the requested timeframe.

If the records are available in electronic format (PDF), please provide them via [Secure Email/Portal/Encrypted CD]. Otherwise, please mail the hard copies to the address listed below.

Please include an itemized invoice for the reproduction costs. If you have any questions regarding the scope of this partial request, please contact our office at [Phone Number].

Sincerely,

[Your Name/Signature]

[Title/Law Firm/Organization Name]

[Address]

[Phone Number]

**Enclosure:** Subpoena Duces Tecum