[Your Name]
[Your Address]
[Your Phone Number]
[Your Email Address]

[Date]

[Name of Facility/Provider]
[Records Department]
[Address of Facility]

RE: Request for Medical Records (Workers' Compensation)

Patient Name: [Your Full Name]
Date of Birth: [Your Date of Birth]
Claim Number: [Your Claim Number]
Date of Injury: [Date of Injury]

To the Medical Records Department,

I am writing to formally request a complete copy of my medical records regarding my physical therapy and rehabilitation treatment at your facility from [Start Date] to [End Date/Present].

Please include copies of the following documents:

- Initial evaluations and assessments
- Daily treatment notes and SOAP notes
- Physical therapy progress reports
- Functional capacity evaluations (if applicable)
- Discharge summaries
- Itemized billing statements for all services rendered

These records are required for my Workers' Compensation claim. Please let me know if there are any specific authorization forms I need to sign or if there are any associated fees for duplicating these records.

Please send the records to the following address:

[Your Name/Lawyer's Name]
[Mailing Address]

Thank you for your prompt attention to this request.

Sincerely,

[Your Signature]

[Your Printed Name]