[Date]

[Recipient Name]
[Facility/Clinic Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]

RE: Request for Rehabilitation Records for Independent Medical Examination

Patient Name: [Patient Full Name]
Date of Birth: [DOB]
Claim/Case Number: [Number]

Dear Medical Records Department,

Our office has been requested to perform an Independent Medical Examination (IME) regarding the above-referenced individual. To ensure a comprehensive evaluation, we require a complete copy of the patient's rehabilitation and therapy records.

Please provide the following documents from [Start Date] to [End Date/Present]:

- Initial rehabilitation evaluations and assessments
- Daily physical, occupational, or speech therapy progress notes
- Treatment plans and goals
- Functional capacity evaluations (FCE)
- Discharge summaries
- Exercise flowsheets and modalities used

Attached is a signed medical authorization form permitting the release of these records to our office. Please send the requested documents via [Email/Fax/Mail] by [Deadline Date].

If there are any administrative fees associated with this request, please notify us immediately or include an invoice with the records.

Thank you for your prompt assistance.

Sincerely,

[Your Name/Signature]
[Your Title/Organization]
[Phone Number]
[Email Address]