[Your Name/Organization Name]
[Your Address]
[City, State, Zip Code]
[Phone Number]
[Date]

[Physical Therapy Clinic Name]
[Physical Therapist Name]
[Clinic Address]
[City, State, Zip Code]

RE: Request for Physical Therapy Records and Discharge Summary

Patient Name: [Patient Full Name]
Date of Birth: [Patient DOB]
Injury/Condition: [Type of Injury]

Dear [Physical Therapist Name or Records Department],

The above-named athlete/patient is currently seeking sports medicine clearance for return to full athletic participation. To ensure a safe transition back to sports, we are requesting a copy of the following records:

- Initial Evaluation
- Progress Notes (most recent)
- Discharge Summary (if applicable)
- Current Functional Test Results (e.g., strength ratios, hop tests)
- Specific recommendations for return-to-play protocols

Please include any specific restrictions or modifications required for training and competition. These documents can be sent via fax to [Fax Number] or emailed securely to [Email Address].

A signed Authorization for Release of Information (ROI) from the patient/guardian is attached to this request.

Thank you for your assistance in the care of this athlete.

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Title/Credentials]