

**URGENT: FINAL NOTICE PRIOR TO SUBPOENA**

Date: [Insert Date]

To: [Custodian of Records Name]  
Facility Name: [Insert Facility Name]  
Address: [Insert Facility Address]  
City, State, Zip: [Insert City, State, Zip]

**RE: FINAL REQUEST FOR MEDICAL RECORDS**

Patient Name: [Insert Patient Name]  
Date of Birth: [Insert DOB]  
Date of Loss/Service: [Insert Date Range]  
Reference Number: [Insert Claim/Reference Number]

Dear Custodian of Records,

This letter serves as a formal and final warning regarding our previous requests for the medical records of the above-referenced patient. Our initial request was sent on [Date of First Request], followed by a follow-up on [Date of Second Request]. To date, we have not received the requested documentation or a valid reason for the delay.

Please be advised that this matter has now been escalated. If the complete certified medical records are not received by our office within [Number] business days from the date of this letter, we will be forced to initiate formal legal action to compel production, including the issuance of a Subpoena Duces Tecum.

The required documents include, but are not limited to:

- Complete Medical Chart
- Physician Progress Notes
- Diagnostic Imaging Reports
- Billing Statements
- Pharmacy/Medication Logs

To avoid the legal costs and administrative burden associated with a subpoena, please fax the records to [Fax Number] or email them via secure portal to [Email Address] immediately.

We look forward to your immediate cooperation to resolve this matter without further escalation.

Sincerely,

[Your Name/Signature]  
[Your Title]

[Your Company/Firm Name]  
[Your Phone Number]