LETTER OF INSTRUCTION: AUTHORIZATION TO RELEASE MEDICAL RECORDS

Date: [Insert Date]

To:
[Name of Medical Provider/Facility]
[Address]
[City, State, Zip Code]

Re: Patient Information
Patient Name: [Patient Full Name]
Date of Birth: [Patient Date of Birth]
Social Security Number: [Optional - Patient SSN]
Date of Incident: [Insert Date of Accident/Injury]

To Whom It May Concern:

I hereby authorize and instruct you to release and deliver copies of my complete medical records to my legal representatives listed below:

Law Firm Name: [Name of Law Firm]
Attorney Name: [Name of Attorney]
Address: [Firm Address]
Email/Fax: [Firm Contact Info]

Information Requested:
Please provide any and all records pertaining to my care and treatment, specifically including but not limited to:

- Admission and discharge summaries
- Emergency room records
- Operative reports and diagnostic test results (X-rays, MRI, CT scans)
- Itemized billing statements
- Physical therapy and rehabilitation records
- Doctor's notes and narratives

This authorization is being provided in connection with a personal injury claim. This consent is valid for one year from the date of signature unless revoked by me in writing.

A photocopy or electronic scan of this signed authorization shall be considered as effective and valid as the original.

Thank you for your prompt attention to this request.

Sincerely,

_____

[Signature of Patient or Legal Representative]

[Printed Name]