

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

[Physician or Facility Name]  
[Department, if applicable]  
[Address]  
[City, State, Zip Code]

**RE: Status of Medical Treatment for [Patient Full Name]**  
**Date of Birth: [DOB]**  
**Patient ID/Account Number: [Number]**

To Whom It May Concern,

I am writing to formally request a written summary or status report regarding my current medical treatment and progress. This information is required for mitigation purposes in a pending legal or administrative matter to demonstrate my commitment to rehabilitation and health management.

Please provide a letter or documentation that includes the following details:

- The date my treatment commenced;
- The nature and frequency of the treatment sessions;
- A brief summary of my compliance and participation level;
- Current progress or milestones achieved;
- The anticipated duration of future treatment, if known.

I have attached a signed medical records release authorization form to this request. If there are any administrative fees associated with providing this summary, please notify me in advance.

Please send the completed documentation to [Email Address or Mailing Address] by [Deadline Date]. If you have any questions, I can be reached at [Phone Number].

Thank you for your time and assistance in this matter.

Sincerely,

[Your Signature]

[Your Printed Name]