

Medical Report Demand Letter

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[Recipient's Title]

[Facility/Practice Name]

[Facility/Practice Address]

[City, State, Zip Code]

Re: Request for Medical Report - [Patient's Name]

Dear [Recipient's Name],

I am writing to formally request a complete medical report for [Patient's Name], who was treated on [Date of Treatment] at your facility. This report is needed for legal proceedings regarding [briefly state the nature of the legal proceedings].

In accordance with the Health Insurance Portability and Accountability Act (HIPAA), I request that you provide the following documents:

- Complete medical history
- Treatment records
- Diagnostic reports
- Any other relevant medical documentation

Please include information covering the period from [start date] to [end date]. If there are any fees associated with this request, please inform me prior to processing.

I appreciate your prompt attention to this matter, as we are operating under a strict timeline for the upcoming legal proceedings. Should you have any questions, please do not hesitate to contact me directly at [Your Phone Number] or via email at [Your Email Address].

Thank you for your cooperation.

Sincerely,

[Your Name]

[Your Title/Position, if applicable]