

Instructions for Requesting Certified Medical Documents

Dear [Recipient's Name],

We hope this message finds you well. To request certified medical documents from our office, please follow the steps outlined below:

1. **Fill out the Request Form:** Download and complete the Medical Document Request Form available on our website.
2. **Provide Identification:** Include a copy of a valid government-issued ID along with your request.
3. **Specify Document Type:** Clearly indicate the specific medical documents you require (e.g., medical records, immunization records).
4. **Include Payment:** If applicable, attach a payment for the processing fee (checks payable to [Organization Name]).
5. **Submit Your Request:** Send your completed request form, identification, and payment to the following address:

[Organization Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]

6. **Allow Processing Time:** Please allow up to [number] business days for processing your request.

If you have any questions or need assistance, please feel free to contact our office at [phone number] or [email address].

Thank you for your attention to this matter.

Sincerely,

[Your Name]
[Your Title]
[Organization Name]