

Subpoena Duces Tecum

TO: [Name of the Medical Facility or Doctor]

ADDRESS: [Address of the Medical Facility or Doctor]

Date: [Insert Date]

RE: Request for Medical Records

Dear [Recipient's Name],

You are hereby commanded to produce and permit inspection and copying of the following documents:

- All medical records pertaining to [Patient's Name], Date of Birth: [DOB], for the period from [Start Date] to [End Date].
- Any billing statements related to [Patient's Name] during the same period.
- All correspondence regarding [Patient's Name] during the same period.

You are required to provide these documents by [Specify Date] at [Specify Location]. Failure to comply with this subpoena may result in legal penalties.

If you have any questions regarding this subpoena, please contact [Your Name, Title, Contact Information].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Law Firm or Organization]

[Contact Information]