<client’s name & last name>

<client’s address>

<city, state, zip

<date of request>

<hospital name>

<hospital address>

<hospital city, state zip>

Attn: **Medical Records Department**

Dear Records Custodian:

**May name is <>, I am a patient at <>, my date of birth is <>,**

I am making a patient-directed request for a **complete copy** of my designated medical records and chart for services providedon the following dates specified**:**

**<>to present:** intake and patient health questionnaires; consultations; progress notes; nurses notes; physician’s notes; test and lab reports; specialist and referral notes; telephone encounter notes; prescription records; including all x-rays, films, MRI imaging studies, CAT Scan, and any other radiology/imaging reports; discharge records and summaries; and any and all records in my chart.

Please also provide all ***billing records*** related to any and all records in my chart.

**Please provide the records in electronic form on CD in the Adobe Acrobat .pdf format or by email.** Please send the records to the following designated person at the following address:

Kaire & Heffernan, PLLC

999 Brickell Avenue, PH 1102

Miami, FL 33130

Fax: 786-261-0345

Email: [Mark@kairelaw.com](mailto:Mark@kairelaw.com)

Thank you for your help.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

<client>’s signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

<date>