

[ Your practice letterhead: name, address, phone, fax ]

---

[Date]

[Law firm or records recipient]

[Address]

**Re: Records package for \_\_\_\_\_ · Date of injury:**

\_\_\_\_\_

Dear \_\_\_\_\_,

Enclosed please find the complete records package for the patient referenced above, covering treatment from \_\_\_\_\_ through \_\_\_\_\_. The package includes:

- ☐ Initial examination report and diagnosis
- ☐ Daily treatment notes for all visits (\_\_\_\_\_ visits total)
- ☐ Re-examination and progress reports
- ☐ Imaging studies and radiology reports, where applicable
- ☐ Itemized billing ledger totaling \$\_\_\_\_\_
- ☐ Outstanding balance statement and lien documentation, where applicable

Treatment status as of this letter: ☐ ongoing ☐ concluded on [date] ☐ patient reached maximum medical improvement on [date].

Please direct any questions about the clinical records or the balance to our office at \_\_\_\_\_. We ask that our outstanding balance be protected at the time of settlement per the enclosed lien documentation, where applicable under state law.

Sincerely,

\_\_\_\_\_

[Provider name, credentials]

[Practice name]