Street Address, City, State, Zip Code

T: (123) 456-7890 U: [www.company.com](http://www.company.com/)

Sincerely,

[*your name*]

Dear [*Recipient*]:

**The Your Name Here Law Firm, P.L.L.C.**

**Attorney’s Request for Records**

Appendix: Templates and Checklists

Date

Street Address

City, State, Zip Code

My name is [*attorney’s name*], and I am the attorney for [*client’s name*]. My client is requesting that your office release all records, including those that contain otherwise protected health information, in accordance with the enclosed authorization signed by my client.

Please do not hesitate to contact me if you have any questions or if I can help in any way.