

Y O U R E C O M P A N Y I N F O

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Monday, February 21, 2005

Santa Clara Valley Medical
Attention: Medical Records
751 South Bascom Ave
San Jose, CA 95128

RE: Clints Name
SSN: xxx-xx-xxx
DOB: 02/17/30
Medical Record #:

Dear Medical Records Secretaries:

It would be greatly appreciated if you could provide our offices with copies of all **Medical and Billing** records, narrative reports and evaluations for injures on accident of 12-12-00.

Please contact our copy service when this file is ready for copying at **T's Copy Service (408) 568-0018.**

Thank you for your consideration of this request. Enclosed please find a release form signed by my client permitting release of the requested information.

Very truly yours,

Your Name, Esq.

Enclosure