

# MATTLAW.

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January 13, 2019

**Attn: Medical Records Department**

Dr. ABCD, M.D.  
1234 Main Street  
Tampa, Florida 444567

**SENT VIA CERTIFIED MAIL #**

Re: Patient/Client: Jane Doe  
Date of Birth: 1/1/1961  
Social Security No: 111-11-1111  
Date of Service: 1/5/2018

Dear Sir/Madam:

Please be advised that this law firm represents Jane Doe. This is a request for medical records pursuant to Chapter 766 of Florida Statutes, and specifically §766.204.

Accordingly, at this time, we respectfully request complete copies of your **MEDICAL RECORDS** which you may have concerning Jane Doe. Enclosed please find a properly signed medical authorization from our client, Jane Doe.

Thank you for your cooperation and prompt attention to this request. As you know, the records must be provided within ten (10) business days of this request. Of course, should you have any questions, please do not hesitate to contact our office.

Additionally, you are not to contact our client, or their family in any way. All communication regarding Jane Doe must be directed to me.

Sincerely,

Matthew D. Powell

MDP/MDP

Encl. (as stated)

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