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| JOHNSON & ROCHEATTORNEYS AT LAWTYSONS CORNER8355-A GREENSBORO DRIVEMcLEAN, VIRGINIA 22102  |
| Date  |

To

RE: Patient:

DOB:

Social Security No:

Dear Dr. :

Please be advised that this firm represents the patient identified above. Enclosed is an authorization signed by the patient.

Please forward to the undersigned the following:

1. All records pertaining to this patient.

2. All bills, statements and invoices pertaining to this patient on a non-insurance format.

Thank you for your courtesy.

Sincerely yours,

Brien A. Roche

BAR/kkb

Enclosure