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

 Hospital

Attn: Medical Records

Re: Patient:

Date of Birth:

Social Security No.:

Date of Service/Admission:

Dear Sir/Madam:

This letter is to request that you provide the undersigned with copies of the following portions of this patient's chart:

Admitting sheet

Discharge summary

Nurses' notes

Doctors' progress notes

Physician's orders

Radiology reports

Consultation reports

Pathology reports

Laboratory reports

Records of any physical exam or history

Reports of all diagnostic studies

Reports of all procedures

Nurses' monitoring records and

 treatment records

An authorization signed by my client is enclosed.

Sincerely yours,

Brien A. Roche

BAR/kkb

Enclosure