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

 Hospital

Attention: Medical Records Unit

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:

1. All records of treatment for this patient for the date of service/admission referenced above.

2. A statement as to whether there have been any prior admissions or dates of treatment.

An authorization signed by my client is enclosed.

Sincerely yours,

Brien A. Roche

BAR/kkb

Enclosures