



Patient Request for Letter

Please note letters take a minimum of 7-10 days to process. Sometimes the report from the patient's first visit or a copy of the care plan from a follow-up appointment will meet the patient's need for a letter. Our fee for a letter is \$40.00 and it is due in **advance**.

Date of request: _____ Date needed by: _____ Who requested the letter? _____
Patient's name: _____ DOB: _____

Who should the letter be written to? _____
(Please make sure to download *Authorization to Release Health Information* form and fax in with this form.)

Where should the letter be mailed? _____

What needs to be included in the letter? _____

Please note the request will not be given to the provider until payment is received.

Please choose: Once form is received call me @ _____ to do payment over the phone.

Please run my credit card information below.

MasterCard Visa Discover Card

Account Number _____ Expiration Date _____

Cardholder Name _____ V-Code _____

Billing Address _____

City _____ State _____ Zip Code _____

Cardholder Signature _____ Date _____