



Letter Request Form

Name: _____ Date of Birth: _____ Date of Request: _____

Purpose of Letter:

- | | |
|---|---|
| <input type="checkbox"/> Disability Letter /EDD | <input type="checkbox"/> Work Letter |
| <input type="checkbox"/> Grant Letter | <input type="checkbox"/> School/504 Update Letter |
| <input type="checkbox"/> Airline/Travel Letter | <input type="checkbox"/> Legal/Attorney Letter |
| <input type="checkbox"/> Jury Duty | <input type="checkbox"/> Other: _____ |

Name of Addressee, address, fax number and all patient's information to have the letter reach its intended recipient:

What aspects of your health care do you want discussed in the letter:

What aspects of your health care do you **NOT** want released with the understanding that your health care is private, but if the 3rd party has a legal right to the information; it must be released:

This letter is needed by: _____

- ☐ I would appreciate the letter by the date of my appointment on: _____
- ☐ I would like my letter emailed to: _____ or faxed to: _____

Cost of Letter:

- Base Fee: \$35.00 within 7 days
- Expedited Fee: \$60.00 if needed within 48 hours or less
- Complex Letters: \$100 - \$300 when several paragraphs or more are needed

Please note that letters may require an additional fee if:

- The letter is needed within 7 business days or less
- If multiple revisions and/or follow-up letters are necessary