

DATE: _____

TO: _____

ATTENTION: _____

SUBJECT: REQUEST FOR MEDICAL RECORDS ON: _____

DEAR SIR/MADAM:

We have a total of _____ pages for the above patient. As soon as your payment is received, we will forward the records immediately.

_____ PAGES @ .65 CENTS EACH: _____

FIRST CLASS POSTAGE: _____

TOTAL DUE: _____

Please make your check payable to the Arthritis & Osteoporosis Center, P.C. and note on your check 'MEDICAL RECORDS'. Please remit payment to the address listed below.

Regards,

Medical Secretary