



Letter Request Form

Please briefly describe the letter you are requesting from the doctor:

Please provide an email, fax, or mailing address where you would like the letter to be sent:

The applicable fees for paperwork requests are as follows:

- **\$35** for any one-page case specific letters
- **\$50** for any paperwork to be completed by the doctor, including disability paperwork or legal forms*

These charges will be billed directly to you, as insurance companies do not allow payment for any of the above services or charges. Please attach payment with this form, or call our office to submit payment over the phone.

I have read, understood, and agreed to the Applicable Fees Policy.

PRINT PATIENT NAME

DATE

PATIENT/GUARDIAN SIGNATURE

DATE

* This does **not** apply to Workers' Compensation patients or testing summary/accommodation letters.