

DATE

Records Custodian for  
NAME OF MEDICAL PROVIDER  
ADDRESS OF MEDICAL PROVIDER

**RE:**                    **NAME OF PATIENT**  
**DOB:**                **DD/MM/YYYY**  
**CASE NAME:**        **PLAINTIFF(NAME) v. DEFENDANT(NAME)**

Dear Custodian of Records:

Enclosed herein is a Subpoena and Notice of Deposition of Duces Tecum directing your appearance at a records deposition which is scheduled for (DATE/MONTH/YEAR) at (TIME), at (LOCATION ADDRESS), in **(CASE NAME, United States District Court, Case No. 00000000)**. Please provide me with copies of any and all records pertaining to medical records for (PLAINTIFF'S NAME) relating to treatment of (PLAINTIFF'S NAME) for dates of service on (DATE/MONTH/YEAR).

**YOU MAY FORGO YOUR APPEARANCE AT THE DEPOSITION IF THESE RECORDS ARE FORWARDED TO ME BEFORE THE DATE OF THE DEPOSITION.**

Please send the records to (ADDRESS)

Also please sign and attach to the records a standard Certification. I have provided a Certification of Records Custodian for your convenience.

Should you have any questions, please contact our office.

Thank you for your cooperation.

Sincerely,

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(ATTORNEY'S NAME)

Bar #

Counsel for Defendant

Attorney's Address

Enclosures