

**Medical Record Department
Day Kimball Hospital
320 Pomfret Street
Putnam, CT 06260**

Letter of Medical Record Request

Dear Sir or Madam:

I am writing to request copies of recent records of treatment received by

_____ on _____.
Name of Patient Treatment Date

I am enclosing your "Authorization for Release of Information" form, signed by the patient. (If the patient is under 18 years of age, the patient's guardian has signed the "Authorization for Release of Information".)

Patient's date of birth: _____

Patient's social security number: _____ - _____ - _____

Please return copies of these records to me at the following address:

Signature of Requestor

Enclosures:

Signed Authorization for Release of Information