

[COMPANY]
[ADDRESS1]
[ADDRESS2]
[CITY] [STATE], [ZIP]
[PHONE]
[FAX]
[EMAIL]
[WEBSITE]

Date

(Name and Address)

Re: Request for Additional Medical Information

Dear _____:

I am writing to request additional medical information for _____. We received the information pertaining to our first request, but could not find any information pertaining to the patient's last tetanus shot. It is imperative that we get this information as soon as possible.

Sincerely,

[COMPANY]

By: _____

[NAME]

ITS: _____