



Michael F. Cantwell MD, MPH  
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Letter Request Form

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Purpose of Letter: \_\_\_\_\_ Due date: \_\_\_\_\_  
(i.e. disability, insurance/HSA, airline, jury duty) (Please allow 2wk turnaround)

Who should the letter be addressed to? \_\_\_\_\_

How should we send this letter? (Please check box below and fill in information)

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Regular mail (additional \$.75)
- Priority mail with signature required (additional \$12.00)

Fax number: \_\_\_\_\_

Email (non-HIPPA) : \_\_\_\_\_

What would you like discussed in this letter?

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If this is not enough space please attach an additional page.

By signing this letter request form, I agree to the following:

Fees for the letter listed below or any additional fees selected above are due before letter is released.

Short letters (that do not require your chart being pulled) \$15

Longer letters (require chart pulling, research or additional information) \$30



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If you have selected your letter to be sent by email, you understand and agree that it will be sent over a non-HIPPA compliant email.

Signature of Requestor: \_\_\_\_\_

Date: \_\_\_\_\_