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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)

- | | |
|-----------------------------------------------------------|----------------------------------------------------------------------------------------|
| <input type="checkbox"/> Address: _____

_____ | <input type="checkbox"/> Regular mail (additional \$.75) |
| | <input type="checkbox"/> Priority mail with signature required
(additional \$12.00) |

Fax number: _____

Email (non-HIPPA) : _____

What would you like discussed in this letter?

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

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: _____