

Subpoena for Medical Records

Court: _____
Case Number: _____
Plaintiff: _____
Defendant: _____

To:

Medical Provider: _____
Address: _____

You Are Hereby Commanded To Produce

The complete and certified copies of medical records, files, and documents in your possession, custody, or control concerning:

Patient Name: _____
Date(s) of Service: _____

Delivery Instructions

Please produce the requested documents to:

Recipient: _____
Address: _____
Date Due: _____

Issued By

Attorney/Clerk Name: _____
Firm/Office: _____
Phone: _____
Date: _____

Signature