

# 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