

Hollister Healthcare Team

4190 E. Woodmen Rd., Suite 200

Colorado Springs, CO 80920

Phone: (719) 265-6464 Fax: (719) 265-6750

Patient's Name: _____

Date: _____

Requests for a letter regarding a patient's condition:

1. What is the purpose of the letter? _____

2. To whom is the letter addressed/ to whom will it be delivered? _____

3. Which dates of service are involved in the request? _____

4. What specific information needs to be stated in the letter? _____

(Use the back of this sheet if necessary.)

If appropriate, you may compose your own letter for a signature from one of the providers.

Depending on the specifics of the request, there may be a charge depending on:

- Provider's time involvement
- Staff time involvement
- Transcription costs

(The usual charge is \$25 if less than 15 min is required)

Please provide written request at least 1 week in advance (whenever possible). The provider will complete the letter as soon as possible but the more advance notice we have, the more likely we'll be able to complete the letter on time.

This written request may be mailed, faxed, or delivered personally.