



9525 Katy Freeway, Suite 312
Houston, TX 77024
Tel: (713) 463-9449 Fax: (713) 463-7181

Letter Request Form

Date: ____ / ____ / ____

Patient Name: _____ DOB: _____

Patient Tel: _____

Purpose: _____

Recipient Name: _____

Recipient Tel: _____

Recipient Fax: _____

Recipient Address: _____

There is a \$25 charge for every letter request. Processing time is approximately 7-10 business days. A staff will contact you once your request has been processed. Thank you.