

November 5, 2008

[[Counsel Full Name | Case.Counsel.CounselName.FullNameFirstLast]]

[[Counsel Default Full Address | Case.Counsel.CounselName.DefaultAddress.FullAddressDisplay]]

RE: [[Case Title | Case.Title]]

[[Docket | Case.Docket]]

Dear Default:

Please find enclosed the following medical reports we plan to introduce at time of trial:

|  |  |  |
| --- | --- | --- |
| Report From | Dates From | Dates To |
| [[ Provider Name Full Name | Case.UserTab2ListItems.UserDefinedCaseElement.Id.cdd0f7eb3e8d4a6bb52faa1e0025a4e5.Name.FullNameFirstLast ]] | [[ For Dates From | Case.UserTab2ListItems.UserDefinedCaseElement.Id.4add55d7010d4b44936caa1e0025a4e5.Data ]] | [[ Through | Case.UserTab2ListItems.UserDefinedCaseElement.Id.dfe779ae32464c0bb87daa1e0025a4e5.Data ]] |
| [[ Provider Name Full Name | Case.UserTab2ListItems.UserDefinedCaseElement.Id.cdd0f7eb3e8d4a6bb52faa1e0025a4e5.Name.FullNameFirstLast | Choose 2nd Provider ]] | [[ For Dates From | Case.UserTab2ListItems.UserDefinedCaseElement.Id.4add55d7010d4b44936caa1e0025a4e5.Data | Chose 2nd Provider ]] | [[ Through | Case.UserTab2ListItems.UserDefinedCaseElement.Id.dfe779ae32464c0bb87daa1e0025a4e5.Data | Choose 2nd Provider ]] |
| [[ Provider Name Full Name | Case.UserTab2ListItems.UserDefinedCaseElement.Id.cdd0f7eb3e8d4a6bb52faa1e0025a4e5.Name.FullNameFirstLast | Choose 3rd Provider ]] | [[ For Dates From | Case.UserTab2ListItems.UserDefinedCaseElement.Id.4add55d7010d4b44936caa1e0025a4e5.Data | Choose 3rd Provider ]] | [[ Through | Case.UserTab2ListItems.UserDefinedCaseElement.Id.dfe779ae32464c0bb87daa1e0025a4e5.Data | Choose 3rd Provider ]] |
| [[ Provider Name Full Name | Case.UserTab2ListItems.UserDefinedCaseElement.Id.cdd0f7eb3e8d4a6bb52faa1e0025a4e5.Name.FullNameFirstLast | Choose 4th Provider ]] | [[ For Dates From | Case.UserTab2ListItems.UserDefinedCaseElement.Id.4add55d7010d4b44936caa1e0025a4e5.Data | Choose 4th Provider ]] | [[ Through | Case.UserTab2ListItems.UserDefinedCaseElement.Id.dfe779ae32464c0bb87daa1e0025a4e5.Data | Choose 4th Provider ]] |
| [[ Provider Name Full Name | Case.UserTab2ListItems.UserDefinedCaseElement.Id.cdd0f7eb3e8d4a6bb52faa1e0025a4e5.Name.FullNameFirstLast | Choose 5th Provider ]] | [[ For Dates From | Case.UserTab2ListItems.UserDefinedCaseElement.Id.4add55d7010d4b44936caa1e0025a4e5.Data | Choose 5th Provider ]] | [[ Through | Case.UserTab2ListItems.UserDefinedCaseElement.Id.dfe779ae32464c0bb87daa1e0025a4e5.Data | Choose 5th Provider ]] |

Please send us all medical records in your possession of your client or insured per the evidence code of Oklahoma. This means medical records of any kind pertaining to the above-referenced claimant.

Sincerely,

[[Full Name | StaffPerson.FullName]]

Title

[[Initials | StaffPerson.Initials]]/jrh

Enclosures