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General Hospital
Medical Record Dept.
123 Main St.
Anytown, MA 00000

To Whom It May Concern:

As part of the research study of the National Heart, Lung and Blood Institute, the Framingham Heart Study has been studying the causes of coronary disease and stroke for nearly fifty years. We are interested in completing our records on the person listed below who has been a participant in our long-term study.

Patient: Jane Doe ID# 0- 0
000 Main St.
Anytown, MA 00000 Date of Birth: 00/00/00

Date(s):
Records Requested:

<input type="checkbox"/> Face Sheet	<input type="checkbox"/> CT Scan (Head)
<input type="checkbox"/> Discharge Summary	<input type="checkbox"/> MRI/MRA (Head)
<input type="checkbox"/> ER Report	<input type="checkbox"/> Lab Rpts.-Cardiac Enzymes
<input type="checkbox"/> Admission Notes	<input type="checkbox"/> Consults Cardiac & Neuro
<input type="checkbox"/> Progress Notes	<input type="checkbox"/> Cardiac Catheterization
<input type="checkbox"/> Operative Reports	<input type="checkbox"/> Exercise Tolerance Test
<input type="checkbox"/> Pathology Reports	<input type="checkbox"/> Nursing Home Notes
<input type="checkbox"/> Chest X-Rays	<input type="checkbox"/> Notes near time of death
<input type="checkbox"/> EKGs (all)	_____

We would appreciate copies of the records requested. A return envelope is enclosed for your convenience. The information you provide will be kept confidential, and will not be disclosed to anyone but the researchers conducting this study, except as otherwise required by law.

Please use enclosed return envelope or send reply/information
To: Attn: MEDICAL RECORDS DEPARTMENT

Thank you for your kind assistance in this matter.

Sincerely yours,

Daniel Levy, M.D.
Medical Director
Framingham Heart Study

DL/lm

State Dept. of Vital Statistics
123 Main St.
Anytown, MA 00000

To Whom It May Concern:

As part of the research study of the National Heart, Lung and Blood Institute in Framingham, Massachusetts into the causes of coronary disease and stroke, we are interested in completing our records on the person listed below who was in our study and had died within your jurisdiction.

Name: John Doe ID# 0- 0

Date of Death: 00/00/00

Date of Birth: 00/00/00

We would appreciate a copy of the death certificate. The information you provide will be kept confidential, and will not be disclosed to anyone but the researchers conducting this study, except as otherwise required by law.

Please use enclosed return envelope or send reply/information to Attn: MEDICAL RECORDS DEPARTMENT

Thank you for your kind assistance.

Sincerely yours,

Daniel Levy, M.D.
Medical Director
Framingham Heart Study

DL/lm

