**Tri-Life Health, PC**

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Fort Collins, CO 80525
970-495-0999
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# LETTER REQUEST FORM

Our doctors and staff are happy to help you with preparing letters you need concerning your health care issues. In order to insure proper preparation and content, we simply ask that you fill out the information requested below as a basis for the letter you need from us. ***Please print clearly!***

1. **Name:** (your name and address, phone number)

2. **Date of request:_____**
3. **Purpose of the Letter:** (briefly state the reason you need the letter written).

4. **Due Date:** (when do you need the letter)? _____
5. **Addressee:** (what address do you want the letter sent to)?

6. **Point of contact:** (who do you want the letter addressed to, e.g. Attention To; title of position, or position, etc.)

7. **Content:** (list the specific key points that you feel need to be made in the text of the letter; use back of paper if necessary).

8. **Copies:** (who do you want to receive copies of letter, and what are their addresses)?