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## Letter Request

Patient Name: \_\_\_\_\_ Phone # \_\_\_\_\_

To whom it shall be addressed: \_\_\_\_\_

Purpose of Letter: \_\_\_\_\_

Required Content:

*\*Please be advised that only the content specifically listed below will be included in the letter.  
Please contact the recipient to ensure all requirements are included.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Due Date: \_\_\_\_\_

Where to send:

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Phone (required): \_\_\_\_\_

Fax (if available): \_\_\_\_\_

### **Please initial each of the following:**

- \_\_\_\_\_ Please allow two weeks for your letter to be written.  
\_\_\_\_\_ There is a fee of \$50.00 per 15 minutes of time required for completion.  
\_\_\_\_\_ Payment is due before the letter is sent.

Date Received: \_\_\_\_\_