



A SUBSIDIARY OF KINPEL MEDICAL, PC

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

**(Providers address & phone #)**

Dear Provider,

**RE: REQUEST FOR MEDICAL RECORDS**

The following patient has requested that his medical records be transferred to our facility for further patient care and follow-up.

\_\_\_\_\_, Date of birth \_\_\_\_\_  
(Name of patient)

\_\_\_\_\_  
(Signature of patient)

Please forward the necessary documents or copies to the following address:

**SpinaTherapeutics™**  
**3460 Old Washington Rd.**  
**Suite 102**  
**Waldorf, MD 20602**

Yours sincerely,

David Akinpelu, MD