

DEPARTMENT OF VETERANS AFFAIRS

Any City Regional Office

PO Box 313

Any City AS 21010

[today], 2021

Dr. Quack
31 Hopkins Plaza, Suite 17
Baltimore, MD 21201

In reply, refer to:
101/1 PRE/mg
File Number:
6Y03XX00
Roger Martinez

IMPORTANT -- reply needed

The Veteran, Roger Martinez, has applied for disability benefits showing treatment by you.

Please furnish copies of your treatment records to include findings and diagnoses for treatment the Veteran received during the following period:

Right knee injury and headaches: 01/01/2012 to Present

We have enclosed VA form 21-4142, authorization and Consent to Release Information to the Department of Veterans Affairs, or its equivalent, signed by the Veteran. This letter is being sent in duplicate so that you may retain a copy. Attach the other copy of our letter to your reply to ensure proper identification. A self-addressed envelope is enclosed for your convenience.

Sincerely yours,

Dawn Key

Dawn Key

Veterans Service Center Manager

Enclosure VA Form 21-4142/signed release

s: Self-addressed envelope