

Subject: Letter To Request Medical Records

[Your Name]

[Your Address]

[Medical Facility Name]

[Attention: Medical Records Department]

Dear [Medical Facility Name] Medical Records Department,

I hope this letter finds you well. I am writing to request a copy of my medical records as I require them for [briefly explain the reason, e.g., continuing care, seeking a second opinion].

Please find my details below:

Patient Name: [Your Full Name] Date of Birth: [Your Date of Birth] Patient ID or Medical Record Number (if available): [Patient ID/Medical Record Number]

I am specifically requesting copies of the following documents:

1. [Specify the documents you need, e.g., medical history, test results, treatment plans]

I understand there may be associated fees, and I am willing to cover these costs. Kindly inform me of the charges and provide an estimate before processing my request.

I can be reached at [Your Phone Number] or [Your Email Address] for any questions or clarifications.

Thank you for your prompt attention to this matter. I appreciate your assistance in providing me with a copy of my medical records.

Sincerely

