[Your Name]
[Your Address]
[Your Phone Number]
[Your Email]

[Date]

[Recipient Name or Department]
[Organization Name]
[Organization Address]

RE: Enclosed Medical Records and Appendices for [Patient Name] (DOB: [Date of Birth])

Dear [Recipient Name],

Please find enclosed the supporting medical documentation and formal letter appendices regarding the medical history and/or current treatment of [Patient Name].

These documents are being submitted for the purpose of [Reason for submission, e.g., an insurance appeal, disability claim, or specialist referral].

The enclosed records include:

- **Appendix A:** Medical Narrative/Physician's Statement
- **Appendix B:** Diagnostic Test Results (MRI, X-ray, Lab Reports)
- **Appendix C:** Hospital Discharge Summaries and Operative Reports
- **Appendix D:** Medication Logs and Treatment Plans

I request that these documents be reviewed and included in the permanent file for this case. Should you require any additional information or further clarification, please contact me directly at [Your Phone Number].

Thank you for your time and attention to this matter.

Sincerely,

[Signature]
[Your Printed Name]

Enclosures: [List total number of pages or specific document titles]