

[Your Name]
[Your Address]
[Your Phone Number]
[Your Date of Birth]

[Date]

[Physician or Clinic Name]
[Clinic Address]

RE: Medical Records Transfer and Insurance Update

To Whom It May Concern,

I am writing to formally request a copy of my medical records be transferred to a new healthcare provider. Please include all diagnostic reports, treatment plans, immunization records, and laboratory results.

Please send these records to:

[New Doctor/Clinic Name]
[New Clinic Address]
[New Clinic Phone/Fax]

Additionally, please update my file with my new insurance information effective as of [Date]:

New Insurance Provider: [Name of Insurance]
Policy/Member ID: [ID Number]
Group Number: [Group Number]

If there are any administrative fees associated with this transfer, please contact me at the number listed above. Thank you for your assistance in ensuring the continuity of my care.

Sincerely,

[Your Signature]

[Your Printed Name]