[Your Full Name]
[Current Address]
[Phone Number]
[Email Address]
[Date]

[Doctor's Name or Clinic Name]
[Current Medical Facility Address]
[City, State/Province, Zip Code]

Subject: Request for Medical Records and Care Transfer for International Relocation

Dear [Doctor's Name/Medical Records Department],

I am writing to formally request a copy of my complete medical records (and those of my dependents: [Names of Dependents, if applicable]) as I will be relocating to [New Country] on [Date].

Please include the following documentation in the transfer file:

- Current problem list and diagnoses
- Summary of clinical history and recent consultations
- Immunization and vaccination records
- Current medication list (including dosages and frequencies)
- Recent laboratory test results and diagnostic imaging reports
- Referral letters or specialist notes

If possible, I would prefer to receive these records in [digital format via secure portal/email OR physical printed copies].

Furthermore, I would appreciate a brief summary letter or "care transition note" that I can provide to my future healthcare provider in [New Country] to ensure continuity of care, particularly regarding [mention any ongoing chronic conditions or specific treatments].

Please let me know if there are any specific authorization forms I need to sign or if there are administrative fees associated with this request. I would like to have these records prepared by [Requested Date].

Thank you for your assistance and for the care I have received at your practice.

Sincerely,

[Your Signature]
[Your Printed Name]
[Date of Birth: MM/DD/YYYY]