Date: [Date]

Current Medical Provider:
[Name of Physician/Facility]
[Address line 1]
[Address line 2]

New Medical Provider:
[Name of Physician/Facility]
[Address line 1]
[Address line 2]

Subject: Transfer of Medical Records for [Patient Full Name]

To whom it may concern,

I am writing to formally request the transfer of my complete medical records (and/or those of my dependents listed below) due to an international relocation to [New Country].

Patient Details:

- Full Name: [Patient Name]
- Date of Birth: [DOB]
- Patient ID/Reference Number: [ID Number]
- Dependents (if applicable): [Names and DOBs]

Please include the following documentation in the transfer:

- Summary of current medical conditions and diagnoses
- Full immunization and vaccination history
- Current medication list and dosages
- Recent lab results, imaging reports (X-rays/MRIs), and specialist notes
- Allergic reactions or known sensitivities

Please send the records via [Secure Email/Physical Mail/Patient Portal] to the "New Medical Provider" listed above by [Required Date].

I authorize the release of these records for the purpose of ensuring continuity of care during my expatriate assignment. Should there be any administrative fees associated with this request, please notify me at [Phone Number/Email].

Thank you for your assistance and for the care provided during my time here.

Sincerely,

[Signature]
[Printed Name]