

[Your Name/Organization Name]
[Your Address]
[City, State, Zip Code]
[Phone Number]
[Date]

[Recipient Name/Provider Name]
[Facility Name]
[Address]
[City, State, Zip Code]

RE: SECOND REQUEST - Unsigned Medical Records Release

Patient Name: [Patient Full Name]
Date of Birth: [DOB]
Date of Original Request: [Original Date]

Dear Medical Records Department,

We are writing to follow up on our previous request dated [Original Date] regarding medical records for the above-named patient. To date, we have not received the requested documentation.

Our records indicate that the authorization form previously submitted was returned or noted as unsigned. Attached to this letter, please find the **signed** Medical Records Release Authorization form as requested.

Please provide the following records:
[List specific records, e.g., All records, Progress notes, Lab results] from [Start Date] to [End Date].

Kindly forward these documents to [Email Address, Fax Number, or Mailing Address] at your earliest convenience. If there are any associated fees for this request, please notify us immediately.

Thank you for your prompt attention to this second request.

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Title/Relationship to Patient]

Enclosure: Signed Medical Records Release Authorization