

Current Date: [Date]

Patient Name: [Patient Name]

Date of Birth: [Date of Birth]

Request Reference Number: [Reference Number]

Dear [Recipient Name/Facility Name],

We are writing to follow up on the Medical Records Release Authorization form submitted on [Original Submission Date].

It has come to our attention that the request cannot be processed because the required signature is missing or was not properly captured on the document.

To proceed with the release of the requested medical records, please complete the following:

- Sign and date the attached Authorization Form.
- Ensure the signature matches the patient's legal name on file.
- Return the signed document via [Fax Number/Email Address/Mailing Address].

Once the signed authorization is received, we will process your request within [Number] business days.

If you have any questions, please contact our records department at [Phone Number].

Sincerely,

[Your Name]

[Your Title]

[Organization Name]