

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

[Recipient Name or Department]  
[Facility Name]  
[Address]  
[City, State, Zip Code]

**RE: Follow-Up on Incomplete Medical Records Request**

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

Dear [Contact Person Name or Health Information Management],

I am writing to follow up on a medical records request submitted on [Date]. We received a response on [Date of Receipt], but the documentation provided appears to be incomplete.

The following items are missing from the records received:

- [List missing item 1, e.g., Operative Reports]
- [List missing item 2, e.g., Lab results from January 2023]
- [List missing item 3, e.g., Imaging/X-ray films]

Please review your files and forward the missing documentation to our office as soon as possible. I have attached a copy of the original signed authorization for your reference.

If there is a reason these records cannot be provided, or if additional fees are required, please notify me at [Your Phone Number] or [Your Email Address].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]  
[Your Printed Name]  
[Your Title/Organization]