[Your Name]
[Your Address]
[Your Phone Number]
[Your Email Address]

[Date]

[Medical Provider or Facility Name]
[Department, e.g., Medical Records Department]
[Facility Address]

RE: Request for Medical Records - [Your Full Name]
Date of Birth: [Your Date of Birth]
Patient ID/Account Number: [Your ID Number, if known]

To Whom It May Concern,

I am writing to formally request a copy of my laboratory and imaging results from my recent visit(s) on [Date(s) of Service].

Specifically, I am requesting the following records:

- All laboratory blood work and pathology reports.
- Imaging reports (including but not limited to X-rays, MRI, CT scans, or Ultrasounds).
- Diagnostic interpretations by the radiologist or technician.

Please provide these records in the following format: [e.g., Paper copies / Digital via Email / Digital via CD or USB].

If there is a fee associated with the processing or duplication of these records, please notify me in advance. I would appreciate it if you could fulfill this request within [Number, e.g., 15] business days as required by law.

Thank you for your prompt attention to this matter.

Sincerely,

[Signature]

[Your Printed Name]