Date: [Current Date]

To: [Name of Clinic/Hospital/Doctor]
Address: [Facility Address]
City, State, Zip: [City, State, Zip Code]

RE: Request for Medical Records

Patient Name: [Child's Full Name]
Date of Birth: [Child's Date of Birth]
Patient ID/Social Security Number (Optional): [Patient ID]

To Whom It May Concern,

I am writing as the [Parent/Legal Guardian] of the above-named patient to request a complete copy of their medical records. Please provide the following information:

- Immunization records
- Growth charts
- Well-child visit summaries
- Lab results and diagnostic imaging reports
- Specialist consultation reports
- Current medication list and allergy information

Reason for request: [Reason: e.g., Moving, Changing doctors, Personal records]

Please deliver these records via [Email to: Email Address / Mail to: Physical Address]. If there is a fee associated with this request, please notify me in advance.

Thank you for your assistance in this matter.

Sincerely,

[Signature]

Parent/Guardian Name: [Your Full Name]
Phone Number: [Your Phone Number]
Email: [Your Email Address]