

[Your Name]
[Your Address]
[Your Phone Number]
[Your Date of Birth]

[Date]

[Name of Doctor or Hospital]
[Address of Facility]
[City, State, Zip Code]

Subject: Request for Medical Records

To Whom It May Concern,

I am writing to formally request a copy of my medical records for the period of [Start Date] to [End Date].

Please include the following documents:

- Office visit notes
- Diagnostic test results (Labs, X-rays, Imaging)
- Immunization records
- Prescription history
- [Specific Procedure or Condition Records]

Please send these records to the following address:

[Your Name or New Doctor's Name]
[Mailing Address]
[City, State, Zip Code]

Alternatively, if you provide records electronically, please send them via [Secure Email/Patient Portal] to: [Email Address].

I understand that there may be a reasonable fee for copying and mailing these records. Please notify me in advance if the cost exceeds \$[Amount].

Thank you for your assistance with this request.

Sincerely,

[Your Signature]

[Your Printed Name]