

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

[Name of Former Clinic/Doctor]  
[Clinic Address]  
[City, State, Zip Code]

RE: Request for Medical Records

To the Medical Records Department,

I am writing to formally request a complete copy of my medical charts and records maintained by your facility. This includes, but is not limited to: office notes, diagnostic test results, lab reports, imaging reports, and immunization records for the period of [Start Date] to [End Date].

Please send these records to:

[Name of New Doctor/Clinic]  
[New Clinic Address]  
[New Clinic Phone/Fax Number]

I am requesting these records for the purpose of continuing my medical care. Please let me know if there are any specific authorization forms I need to sign or if there are any processing fees associated with this request.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]  
[Your Printed Name]