

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

[Date]

[Name of Doctor or Facility Currently Holding Records]  
[Address]  
[City, State, Zip Code]

**RE: Continuity of Care Medical Records Request**

To the Medical Records Department,

I am writing to formally request a copy of my medical records to ensure continuity of care with my new healthcare provider. Please transfer my records to the physician listed below:

**Receiving Physician/Facility:** [Name of New Doctor/Clinic]  
**Address:** [New Clinic Address]  
**Phone Number:** [New Clinic Phone]  
**Fax Number:** [New Clinic Fax]

Please include the following information from my file:

- Problem list and current diagnoses
- Current medication list and allergy list
- Most recent lab results and diagnostic imaging reports
- Last two years of office visit notes
- Immunization records

I understand that there may be a fee associated with this request. Please notify me in advance if the cost exceeds \$[Amount].

Thank you for your prompt assistance in coordinating my ongoing medical care.

Sincerely,

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[Your Signature]

[Your Printed Name]