

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

[Date]

[Recipient Name or Medical Records Department]
[Facility Name]
[Facility Address]

RE: Request for Medical Records - [Your Full Name] - [Patient ID/SSN if applicable]

To Whom It May Concern,

I am writing to formally request a complete copy of my medical records maintained by your facility. I am requesting these documents for the period of [Start Date] to [End Date].

Please include the following items in the records provided:

- Diagnostic test results (Lab reports, X-rays, MRI/CT scans)
- Clinical notes and summaries
- Immunization records
- Prescription history
- Discharge summaries

I would prefer to receive these records in [Electronic Format via Email / Physical Paper Format via Mail].

Please inform me in advance if there are any administrative fees associated with this request. I look forward to receiving these documents within the timeframe mandated by law.

Thank you for your assistance.

Sincerely,

[Your Signature]
[Your Printed Name]