

[Your Name]
[Your Address]
[Your Phone Number]
[Your Email Address]
[Date]

[Name of Healthcare Provider or Facility]
[Department, e.g., Medical Records Department]
[Facility Address]

RE: Request for Medical Records for [Patient Full Name]

To Whom It May Concern,

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

Patient Identification:

- Full Name: [Patient Full Name]
- Date of Birth: [MM/DD/YYYY]
- Patient ID/Social Security Number (if applicable): [Number]

Records Requested:

Please provide the following documents:

- Complete medical history and clinical notes
- Laboratory and diagnostic test results
- Imaging reports (X-rays, MRIs, CT scans)
- Immunization records
- Prescription history

I would prefer to receive these records in [electronic format/digital download/paper copy]. Please inform me of any administrative fees associated with this request before processing.

If you have any questions, please contact me at [Phone Number]. Thank you for your assistance in this matter.

Sincerely,

[Signature]
[Your Printed Name]