Date: [Insert Date]

To:
[Specialist Name/Department Name]
[Facility Name]
[Facility Address]
[City, State, Zip Code]

RE: Medical Records Request
Patient Name: [Patient Full Name]
Date of Birth: [Patient Date of Birth]
Patient ID/Account Number (if known): [Insert Number]

Dear Medical Records Department,

I am writing to formally request a copy of the medical records generated during my recent specialist consultation on [Date of Consultation] following my discharge from [Hospital Name] on [Date of Discharge].

Please provide the following documents:

- Consultation report and clinical notes
- Diagnostic test results (Labs, Imaging, etc.)
- Treatment plan or follow-up recommendations
- Prescription records

These records are required for [Reason for Request, e.g., personal records or continuity of care].

Please let me know if there are any specific forms required to complete this request or if there are any associated duplication fees. You may send the records to:

[Your Name or Receiving Doctor's Name]
[Mailing Address or Secure Email]
[Phone Number]

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]
[Your Printed Name]