

Date: [Insert Date]

To: [Current Doctor/Clinic Name]

Address: [Current Clinic Address]

City, State, Zip: [City, State, Zip]

RE: Request for Electronic Health Records Transfer

Patient Name: [Patient Full Name]

Date of Birth: [Patient Date of Birth]

Phone Number: [Patient Phone Number]

Dear Medical Records Department,

I am writing to formally request a complete copy of my electronic health records (EHR) to be transferred from your facility to my new healthcare provider.

Please include all medical information, including but not limited to:

- Clinical summaries and office notes
- Laboratory and pathology reports
- Radiology reports and imaging
- Immunization records
- Current medication lists and allergy information

Please transfer these records to:

Provider Name: [New Doctor Name]

Facility Name: [New Clinic Name]

Secure Email/Portal: [New Provider Email/Electronic Transfer ID]

Fax Number: [New Provider Fax Number]

I understand that this request may involve a processing fee as permitted by law. Please notify me if there are any forms I need to sign or fees I need to pay to expedite this transfer.

Thank you for your prompt attention to this request.

Sincerely,

[Patient or Legal Representative Signature]

[Printed Name]