

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

[Date]

[Current Doctor or Clinic Name]
[Current Clinic Address]

RE: Formal Request for Electronic Health Records Transfer

To Whom It May Concern,

I am writing to formally request the transfer of my complete electronic health records (EHR) to a new healthcare provider. Please include all diagnostic reports, treatment plans, immunization records, lab results, and clinical notes.

Please transfer these records to the following provider:

Provider Name: [New Doctor Name]
Clinic Name: [New Clinic Name]
Fax/Email/Portal: [Contact Details for Transfer]

I authorize the release of my protected health information to the party listed above for the purpose of continued medical care.

Thank you for your prompt attention to this request.

Sincerely,

[Your Signature]

[Your Printed Name]