

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

[Date]

[Current Health Provider/Clinic Name]  
[Current Provider Address]

**Subject: Official Request for Transfer of Electronic Health Records (EHR)**

To the Records Department,

I am writing to formally request the transfer of my complete electronic health records to a new healthcare provider. This request includes, but is not limited to, medical history, lab results, diagnostic images, immunization records, and clinical notes.

Please transfer my records to the following provider:

**New Provider/Facility Name:** [New Provider Name]  
**Address:** [New Provider Address]  
**Phone:** [New Provider Phone]  
**Fax/Email for Transfer:** [New Provider Contact for Records]

I authorize the release of these records for the purpose of continuing my medical care. Please inform me if there are any administrative fees associated with this transfer or if further authorization forms are required.

Thank you for your prompt attention to this matter.

Sincerely,

[Signature]

[Printed Name]