

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

[Date]

[Current Doctor or Clinic Name]  
[Current Clinic Address]  
[Current Clinic City, State, Zip]

RE: Request for Migration 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. Please provide all medical information including, but not limited to, my medical history, laboratory results, imaging reports, immunization records, and current medication lists.

Please migrate my records to the following provider:

**Receiving Provider/Clinic Name:** [New Doctor Name]  
**Clinic Address:** [New Clinic Address]  
**Phone Number:** [New Clinic Phone]  
**Secure Fax/Direct Messaging Address:** [New Clinic EHR ID or Fax]

I request that these records be transferred electronically to ensure data integrity and continuity of care. If there are any authorization forms or fees required to complete this migration, please notify me immediately.

Thank you for your assistance in this matter.

Sincerely,

[Your Signature]

[Your Printed Name]