

[Your Name]  
[Your Address]  
[Your Phone Number]  
[Your Email Address]

[Date]

[Medical Records Department Name]  
[Hospital or Clinic Name]  
[Address of Facility]

**RE: Formal Request for Oncology Biopsy Records**

Patient Name: [Full Legal Name]  
Date of Birth: [MM/DD/YYYY]  
Patient ID/Medical Record Number: [If Known]

To the Medical Records Department,

I am writing to formally request a complete copy of my oncology biopsy reports. Specifically, I am requesting the following documentation:

- Pathology reports for the biopsy performed on [Date or approximate date].
- Surgical pathology reports and associated lab findings.
- Immunohistochemistry (IHC) and molecular testing results, if applicable.

Please provide these records in [Electronic/Paper] format. I am requesting these documents for the purpose of [personal record keeping / seeking a second opinion / continuing care].

I understand that there may be a standard fee for copying or processing these records. Please notify me in advance if the cost exceeds [Insert Amount].

I have attached a signed medical release authorization form as required. Please let me know if any additional documentation is needed to process this request.

Thank you for your prompt attention to this matter. I look forward to receiving the records by [Target Date].

Sincerely,

[Your Signature]

[Your Printed Name]