

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

[Date]

[Name of Medical Facility/Imaging Center]
[Department of Medical Records/Radiology]
[Facility Address]

Subject: Request for Magnetic Resonance Imaging (MRI) Results

To the Records Department,

I am writing to formally request a copy of my medical records regarding the MRI scan I underwent at your facility.

Patient Details:

Patient Name: [Your Full Name]
Date of Birth: [MM/DD/YYYY]
Patient ID/Account Number (if known): [Insert ID]
Date of Procedure: [Insert Date of MRI]
Type of Scan: [e.g., MRI of Lumbar Spine/Brain/Knee]

Please provide the following items:

1. A formal written radiologist's report.
2. Digital copies of the imaging studies (DICOM format) on a CD or via a secure online portal.

I would prefer to receive these records via: [Select one: Secure Email / Pickup in Person / Mailing Address]

If there are any forms I need to sign or processing fees required, please notify me at your earliest convenience. Thank you for your assistance with this matter.

Sincerely,

[Your Signature]

[Your Printed Name]