

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

[Date]

[Name of Medical Records Department or Doctor's Name]  
[Name of Facility/Hospital]  
[Facility Address]

**RE: Request for Endoscopy Procedure Results**

To the Medical Records Department,

I am writing to formally request a complete copy of the medical records and results pertaining to my recent endoscopy procedure. Please include the operative report, biopsy/pathology results (if applicable), and any images captured during the examination.

**Patient Details:**

Patient Name: [Your Full Name]  
Date of Birth: [MM/DD/YYYY]  
Patient ID / Medical Record Number: [If known]  
Date of Procedure: [MM/DD/YYYY]

Please deliver these records via [Email Address / Physical Mailing Address]. If there are any administrative fees associated with this request, please notify me in advance.

Thank you for your prompt assistance with this matter.

Sincerely,

[Your Signature]

[Your Printed Name]