

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

[Date]

[Medical Records Department Name]  
[Facility Name]  
[Facility Address]

**Subject: Request for Radiology Images and Reports**

To Whom It May Concern,

I am writing to formally request a copy of my radiology records for my personal files and for continuing care. Please provide both the formal written reports and the actual images (DICOM format on CD or via digital transfer) for the following exams:

- **Type of Exam:** [e.g., MRI, CT Scan, X-Ray]
- **Body Part:** [e.g., Lumbar Spine, Chest]
- **Approximate Date of Service:** [Date]

Please let me know if there are any specific authorization forms I need to sign or if there is a fee associated with this request. You may contact me at [Your Phone Number] if you require further information.

Thank you for your assistance.

Sincerely,

[Your Signature]

[Your Printed Name]