

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

[Date]

[Records Department Name]  
[Hospital or Imaging Center Name]  
[Facility Address]

RE: Request for Historical Radiology Records and Images

To the Custodian of Medical Records,

I am writing to formally request a complete copy of my historical radiology records for the purpose of medical continuity and comparison. Please provide all records related to the following patient:

- **Patient Full Name:** [Full Name]
- **Date of Birth:** [DOB]
- **Patient ID/Medical Record Number (if known):** [ID Number]
- **Approximate Date Range of Records:** [Start Date] to [End Date]

Specifically, I am requesting:

- Original diagnostic images (DICOM format on CD/DVD or via digital transfer)
- Radiologist interpretation reports
- Technician notes

This request includes, but is not limited to, any X-rays, MRI scans, CT scans, or Ultrasounds performed at your facility during the timeframe mentioned above.

Please inform me if there are any duplication fees or if an authorization form is required to finalize this request. You may contact me at [Phone Number] or [Email Address] if you require further clarification.

Thank you for your assistance with this matter.

Sincerely,

[Your Signature]

[Your Printed Name]