

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

[Date]

[Medical Provider Name]
[Radiology Department/Records Department]
[Address]

RE: Request for Radiology Reports and Imaging Records

Patient Name: [Your Full Name]
Date of Birth: [Your Date of Birth]
Patient ID/Account Number: [If known]
Date of Service: [Date of Scan/Exam]

To Whom It May Concern,

I am writing to formally request a complete copy of the radiology reports and the actual imaging files (DICOM format on CD/Digital link) for the examinations performed on the date(s) mentioned above.

These records are required for a personal injury claim. Please include:

- Official Radiologist Interpretations/Reports
- X-ray, MRI, CT, or Ultrasound images
- Any notes regarding the findings

I have attached a signed HIPAA authorization form allowing the release of these records to me. If there is a processing fee for these copies, please notify me in advance or include the invoice with the records.

Please send the records to the following address:

[Your Name or Your Attorney's Name]
[Mailing Address]

Thank you for your prompt attention to this request.

Sincerely,

[Your Signature]

[Your Printed Name]