

[Parent/Guardian Name]
[Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]

[Date]

[Facility Name]
[Radiology Department or Records Department]
[Address]
[City, State, Zip Code]

RE: Medical Records Request for [Patient Full Name]

To Whom It May Concern,

I am writing to formally request a copy of the radiology records and imaging for my child:

Patient Name: [Patient Full Name]
Date of Birth: [MM/DD/YYYY]
Patient ID/MRN (if known): [Patient ID Number]

Please provide the following records:

- Radiology Reports (written interpretations)
- Actual Imaging Files (DICOM format on CD or via digital transfer)
- Dates of Service: [Insert Date Range or Specific Date]
- Specific Exams: [e.g., X-ray, MRI, CT Scan, Ultrasound]

These records are needed for [State reason, e.g., a second opinion / continuing care with a specialist].

Please let me know if there are any authorization forms I need to sign or if there are any processing fees associated with this request. You may contact me at [Phone Number] if you have any questions.

Thank you for your assistance.

Sincerely,

[Signature]

[Printed Parent/Guardian Name]
Relationship to Patient: [e.g., Mother, Father, Legal Guardian]