Date: [Insert Date]

To:
Custodian of Medical Records
[Name of Hospital or Clinic]
[Address]
[City, State, Zip Code]

RE: Request for Medical Records of [Deceased Patient Full Name]
Date of Birth: [Patient DOB]
Date of Death: [Patient DOD]
Social Security Number: [Last 4 Digits or Full SSN]

To Whom It May Concern,

I am writing to formally request a complete copy of the medical records for the above-named deceased individual. I am making this request in my capacity as the legally authorized representative of the decedent's estate.

Please provide all records for the period of [Insert Start Date] to [Insert End Date/Date of Death], including but not limited to:

- Physician notes and clinical summaries
- Diagnostic test results and laboratory reports
- Radiology images and reports
- Prescription and medication logs
- Admission and discharge summaries
- Itemized billing statements

Attached to this letter, please find the following supporting documentation:

- A certified copy of the Death Certificate.
- Small Estate Affidavit or Letters of Administration/Testamentary naming me as the Legal Representative.
- A copy of my government-issued photo identification.

If there are any fees associated with the duplication of these records, please notify me in advance. You may send the records to the following address:

[Your Name/Law Firm Name]
[Mailing Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]