To: [Name of Facility/Hospital]

Address: [Facility Address]

Date: [Current Date]

RE: URGENT MEDICAL RECORDS REQUEST - DECEASED PATIENT

Patient Name: [Deceased's Full Name]

Date of Birth: [DOB]

Date of Death: [Date of Death]

Social Security Number: [Last 4 Digits or Full SSN]

To Whom It May Concern,

I am writing as the next of kin and/or the legal representative for the deceased patient listed above. I am formally requesting a complete copy of the patient's medical records for the period of [Start Date] to [End Date/Date of Death].

This request is urgent due to [Reason: e.g., legal deadlines, insurance claims, or pending funeral arrangements]. I require the following documents:

- Admission and Discharge Summaries
- Physician Progress Notes
- Laboratory and Diagnostic Test Results
- Imaging Reports (X-rays, MRI, CT scans)
- Medication Records
- Death Summary / Pronouncement

Attached to this letter, please find:

- A copy of the Death Certificate.
- Proof of my identity (Driver's License/ID).
- Legal documentation of my authority (e.g., Executor papers, Affidavit of Heirship).

Please deliver the records via [Method: e.g., Secure Email, Mail, or Pickup]. Please notify me immediately of any fees associated with this request or if additional authorization forms are required.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]
[Your Relationship to Deceased]
[Your Phone Number]
[Your Email Address]
[Your Mailing Address]