

[Clinic Name]
[Clinic Address]
[City, State, Zip Code]
[Phone Number]
[Date]

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

RE: Follow-Up Request for Medical Records

Patient Name: [Patient Full Name]
Date of Birth: [MM/DD/YYYY]
Record Period: [Start Date] to [End Date]

Dear Medical Records Department,

This letter is a follow-up to our initial request sent on [Date of Original Request] regarding the medical records for the patient listed above. As of today, we have not yet received the requested documentation.

These records are necessary for the continued care and clinical evaluation of the patient. We kindly request that you provide the following items:

- Progress Notes
- Diagnostic Imaging Reports
- Laboratory Results
- Discharge Summaries
- [Other Specific Documents]

Please transmit these records via secure fax at [Fax Number] or through our secure provider portal. A signed HIPAA authorization form was included with the original request and is attached again for your reference.

If there is a delay or if additional information is required to process this request, please contact our office immediately at [Phone Number].

Thank you for your prompt attention to this matter.

Sincerely,

[Staff Name/Doctor Name]
[Title]
[Clinic Name]