

[Your Name/Department]
[Your Organization Name]
[Your Address]
[City, State, Zip Code]
[Phone Number]
[Date]

[Recipient Name]
[Recipient Title/Health Information Management]
[Facility Name]
[Address]
[City, State, Zip Code]

RE: THIRD REQUEST - FINAL NOTICE

Patient Name: [Patient Full Name]
Date of Birth: [Patient DOB]
Social Security Number: [Last 4 Digits or N/A]
Dates of Service Requested: [Start Date] to [End Date]

Dear Medical Records Manager,

This is our third and final formal request for the medical records of the above-referenced patient. Our initial request was sent on [Date of First Request] and a follow-up was sent on [Date of Second Request]. To date, we have not received the requested documentation or a notification regarding any delays.

The requested records are critical for [purpose: e.g., continuity of care / insurance processing / legal review]. Please find the signed HIPAA-compliant authorization form attached again for your reference.

Please provide these records immediately via [delivery method: e.g., secure fax at (Fax Number) / encrypted email / mail]. If there is a fee associated with this request, or if the records are unavailable, please contact us at [Phone Number] or [Email Address] within 48 hours.

We appreciate your immediate attention to this overdue matter.

Sincerely,

[Signature]
[Printed Name]
[Title]

Enclosure: Signed Patient Authorization