

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

[Recipient Facility Name]
[Recipient Address]
[City, State, Zip Code]

RE: FOLLOW-UP REQUEST FOR MEDICAL RECORDS

Patient Name: [Patient Full Name]
Date of Birth: [MM/DD/YYYY]
Patient ID/Account Number: [Number]

To the Medical Records Department,

We are writing to follow up on a previous request sent on [Date of Original Request] regarding the transfer of medical records for the above-named patient.

As of today, we have not yet received the requested documentation. These records are necessary to ensure the continuity of care and to complete the patient's clinical assessment. Specifically, we require:

- [List specific missing records, e.g., Discharge Summary]
- [List specific missing records, e.g., Lab Results/Imaging]
- [List specific missing records, e.g., Immunization History]

Please send the records via [Secure Fax Number / Secure Email / Mailing Address] as soon as possible. If there are any issues or if additional authorization is required, please contact our office immediately at [Phone Number].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name/Signature]
[Your Title/Department]