

[Your Name]
[Your Address]
[Your Phone Number]
[Date]

[Name of Imaging Center or Hospital]
[Records Department Address]
[City, State, Zip Code]

RE: Request for Diagnostic Imaging Records

Patient Name: [Full Name of Patient]
Date of Birth: [MM/DD/YYYY]
Patient ID/SSN (if applicable): [Optional ID Number]

To Whom It May Concern,

I am writing to formally request a copy of my diagnostic imaging records and the associated radiologist reports for the following exams:

- [Type of Scan, e.g., MRI Brain] performed on [Date]
- [Type of Scan, e.g., X-Ray Chest] performed on [Date]

Please provide these images in the following format:

- ☐ Digital Download/Portal Access
- ☐ CD/DVD Disc
- ☐ Physical Films

Please forward these records to:

[Name of Receiving Physician/Facility]
[Address]
[Fax Number/Email]

I understand that there may be a fee for copying these records. Please notify me in advance if the cost exceeds \$[Amount].

Thank you for your prompt attention to this request.

Sincerely,

[Your Signature]
[Your Printed Name]