

[Your Name]  
[Your Address]  
[Your Phone Number]  
[Your Email Address]

[Date]

[Medical Records Department Name]  
[Clinic or Hospital Name]  
[Clinic or Hospital Address]

**RE: Request for Medical Records - [Patient Name]**

Date of Birth: [Patient Date of Birth]  
Patient ID/Account Number: [If known]

To the Medical Records Department,

I am writing to formally request a copy of my medical records specifically related to my diabetes management. Please provide the records covering the period from [Start Date] to [End Date].

I am requesting the following documents:

- History and Physical examination reports
- Laboratory test results (including HbA1c, lipid panels, and kidney function tests)
- Insulin and medication prescriptions
- Consultation notes from Endocrinology
- Glucose monitoring logs and diabetic educator notes

Please send these records via [Email Address or Mailing Address]. If there is a fee associated with this request, please notify me in advance.

Thank you for your assistance in this matter.

Sincerely,

[Your Signature]  
[Your Printed Name]