

[Date]

[Current Provider Name/Facility]

[Current Provider Address]

[City, State, Zip Code]

RE: Transfer of Medical Records for Chronic Care Management

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Patient ID/Account Number: [ID Number]

To Whom It May Concern,

I am writing to formally request the transfer of my complete medical records to a new healthcare provider for the continued management of my chronic conditions, specifically [List Conditions, e.g., Diabetes, Hypertension, COPD].

Please forward all pertinent medical documentation, including but not limited to:

- Active problem lists and diagnoses
- Current medication lists and dosage history
- Most recent laboratory results and diagnostic imaging reports
- Specialist consultation reports
- Immunization records
- Chronic care management plans and progress notes

Please send these records to the following provider:

[New Provider Name/Clinic]

[New Provider Address]

[City, State, Zip Code]

Phone: [Phone Number]

Fax: [Fax Number]

I have attached a signed authorization for the release of information. If there are any administrative fees associated with this request, please notify me at [Your Phone Number].

Thank you for your assistance and for the care provided during my time at your practice.

Sincerely,

[Signature]

[Printed Name]

[Your Address]

[Your Phone Number]