

Date: [Date]

To: [Recipient Physician/Clinic Name]

Fax/Address: [Recipient Fax Number or Address]

RE: Medical Records Request

Patient Name: [Patient Full Name]

Date of Birth: [Date of Birth]

Patient SSN/ID: [ID Number]

Dear Medical Records Department,

The above-named patient is currently under our care at [Your Clinic Name]. To ensure continuity of care and appropriate management of their hypertension, we are requesting a copy of their recent medical records.

Please provide the following information from the last [Number, e.g., 12] months:

- Recent office visit notes regarding hypertension management.
- Current medication list and dosage history.
- Recent laboratory results (specifically BMP/CMP and Lipid panels).
- Recent EKG results.
- Home blood pressure logs (if available).

Please fax these records to [**Your Fax Number**] or mail them to the address listed below.

A signed patient authorization for the release of information is [attached / on file]. Thank you for your assistance in the care of this patient.

Sincerely,

[Your Name/Signature]

[Title]

[Clinic Name]

[Phone Number]

[Clinic Address]