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

[Date]

[Recipient Name]
[Recipient Title/Department]
[Organization Name]
[Organization Address]

RE: Request for Extension to Submit Medical Records - [Your Case/Reference Number]

Dear [Recipient Name],

I am writing to formally request an extension for the submission of my medical records, which were originally due on [Original Due Date].

I am requesting this extension because [Reason for delay, e.g., the healthcare provider requires more time to process the request / I am awaiting records from a specialist]. Due to these circumstances beyond my control, I have been unable to obtain the complete documentation by the current deadline.

I anticipate that I will be able to provide the necessary records by [New Requested Date]. I am actively following up with the medical facility to ensure the documents are released as quickly as possible.

Thank you for your time and for considering this request. Please let me know if this extension is acceptable or if you require any further information.

Sincerely,

[Your Signature]

[Your Printed Name]