[Parent/Guardian Name]
[Current Address]
[City, State, Zip Code]
[Phone Number]
[Date]

[Out-of-State Provider Name/Clinic]
[Former Address]
[City, State, Zip Code]

RE: Medical Record Request for [Patient Full Name]
Date of Birth: [MM/DD/YYYY]

To whom it may concern,

I am writing to formally request a complete copy of the medical records for my child, [Patient Full Name], who was previously under your care. We have recently relocated out of state, and these records are required for the continuity of care with our new pediatrician.

Please include the following documentation in the transfer:

- Immunization records
- Growth charts
- Problem lists and diagnoses
- Recent office visit notes
- Lab results and imaging reports
- Specialist referrals and consultation reports

Please forward these records to the following new provider:

[New Pediatrician Name/Practice]
[New Clinic Address]
[City, State, Zip Code]
[Phone Number]
[Fax Number]

Attached to this letter is a signed HIPAA-compliant authorization form permitting the release of these records. If there are any fees associated with this request or if additional forms are required, please contact me at [Your Phone Number].

Thank you for your prompt attention to this matter.

Sincerely,

[Signature]
[Printed Name]
Relationship to Patient: [Parent/Legal Guardian]