

[Your Full Name]  
[Your Date of Birth]  
[Your Phone Number]  
[Your Address]

[Date]

[Doctor or Clinic Name]  
[Department of Obstetrics and Gynecology]  
[Clinic Address]

RE: Request for Obstetric and Gynecological Medical Records

To the Medical Records Department,

I am writing to formally request a copy of my medical records for the period of [Start Date] to [End Date].

Please include the following documents in my file:

- Prenatal and postpartum records
- Labor and delivery summaries
- Annual gynecological exam results and Pap smear reports
- Ultrasound images and radiologist reports
- Laboratory test and blood work results
- Surgical reports and pathology findings

I am requesting these records for: [State reason, e.g., personal records, transfer of care, or specialist consultation].

Please let me know if there are any duplication fees or if I need to sign a specific authorization form to complete this request. You may deliver the records via [Email Address / Physical Address / Patient Portal].

Thank you for your assistance.

Sincerely,

[Your Signature]

[Your Printed Name]