

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

[Date]

[Name of Medical Facility/Doctor's Office]
[Records Department Address]
[City, State, Zip Code]

Subject: Request for Prenatal Care Medical Records

To the Medical Records Department,

I am writing to formally request a complete copy of my prenatal medical records for my current pregnancy. I am requesting these records for the purpose of [Reason: e.g., transferring care, personal records, or specialist consultation].

Please include the following information from [Start Date] to [End Date/Present]:

- Prenatal flow sheets and visit notes
- Ultrasound reports and images
- Laboratory and blood work results
- Genetic screening results
- Immunization records (including Tdap and Flu)
- List of current medications and supplements

I would prefer to receive these records via [Format: e.g., Secure Email, Patient Portal, or Paper Mail].

If there is a fee associated with this request, please notify me in advance. If you have any questions, I can be reached at [Your Phone Number].

Thank you for your assistance with this request.

Sincerely,

[Your Signature]

[Your Printed Name]