

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

[Date]

[Name of Hospital or Clinic]
[Medical Records Department]
[Facility Address]

RE: Request for Gynecological Surgery Medical Records

To the Medical Records Department,

I am writing to formally request a copy of my medical records regarding the gynecological surgery performed on [Date of Surgery] by Dr. [Surgeon's Name].

Please provide the following documents:

- Operative reports and surgical notes
- Anesthesia records
- Pathology and lab reports
- Pre-operative and post-operative evaluations
- Discharge summary
- Imaging reports (Ultrasound, MRI, or CT scans) related to the surgery

I would prefer to receive these records in [Electronic/Paper] format. Please let me know if there are any authorization forms I need to sign or if there is a processing fee associated with this request.

Thank you for your assistance. I look forward to receiving these records within the timeframe required by law.

Sincerely,

[Your Signature]
[Your Printed Name]