

Date: [Insert Date]
To: [Name of Doctor or Facility Name]
Department: Medical Records / OB-GYN Department
Address: [Insert Facility Address]

Subject: Request for Obstetric and Gynecological Ultrasound and Laboratory Results

Dear Medical Records Department,

I am writing to formally request a copy of my medical records regarding my obstetric and gynecological care. Please provide the following documents:

- All OB-GYN ultrasound reports and captured images (including pelvic, transvaginal, and/or obstetric scans).
- Laboratory test results (including blood work, pap smears, pathology reports, and hormone panels).
- Clinical notes related to these findings.

Patient Information:

Full Name: [Your Full Name]
Date of Birth: [MM/DD/YYYY]
Patient ID/Account Number (if known): [Insert Number]
Phone Number: [Your Phone Number]

Please deliver these records via the following method:

- Secure Email: [Insert Email Address]
 Physical Mail: [Insert Mailing Address]
 Personal Pickup

I am aware that there may be a processing fee associated with this request. Please notify me in advance if the cost exceeds [Insert Dollar Amount].

Thank you for your assistance in this matter.

Sincerely,

[Your Signature]
[Your Printed Name]