

Date: [Insert Date]

To:

Custodian of Medical Records

[Name of Hospital or Clinic]

[Department of Obstetrics and Gynecology]

[Address]

[City, State, Zip Code]

RE: Formal Request for Obstetric and Gynecological Medical Records

Patient Name: [Patient Full Name]

Date of Birth: [Patient Date of Birth]

Patient SSN/ID: [Optional - Patient ID Number]

Dates of Service: [Insert Dates, e.g., Jan 2020 to Present]

To Whom It May Concern,

I am writing to you in my capacity as the authorized legal representative for the above-named patient. This letter serves as a formal request for a complete copy of the patient's medical records pertaining to all obstetric and gynecological care received at your facility.

Please provide all records, including but not limited to:

- Prenatal and postpartum records
- Labor and delivery summaries
- Surgical reports and pathology results
- Fetal monitor strips and ultrasound images/reports
- Laboratory test results and Pap smear history
- Clinical notes, physician orders, and nursing charts
- Prescription and medication logs

Attached to this request, please find a signed HIPAA-compliant authorization form and documentation confirming my legal authority to act on the patient's behalf (e.g., Power of Attorney, Guardianship Papers, or Representative Agreement).

Please deliver these records in [digital format via secure email/CD OR physical paper copies] to the following address:

[Your Name/Law Firm Name]

[Mailing Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

If there is a fee associated with the reproduction of these records, please provide an invoice or contact our office if the cost exceeds \$[Insert Amount].

Thank you for your prompt attention to this matter.

Sincerely,

[Signature]

[Your Printed Name]

[Title/Relationship to Patient]

Enclosures:

1. Signed Medical Information Release Authorization (HIPAA)
2. Proof of Legal Representation/Authority