

Date: [Date]

To: [Doctor's Name or Hospital Name]

Department: [e.g., Health Information Management / Medical Records]

Address: [Facility Address]

RE: Medical Records Request

Patient Name: [Your Full Name]

Date of Birth: [Your Date of Birth]

Patient ID/SSN (Last 4): [Optional ID Number]

Dear Medical Records Department,

I am writing to formally request a copy of my medical records regarding my postpartum care. Please provide records for the period starting from [Date of Delivery] to [Current Date or End of Care].

I am requesting the following specific documents:

- Discharge summary
- Postpartum visit notes and clinical summaries
- Laboratory and blood test results
- Imaging reports (Ultrasounds, etc.)
- Medication records
- Mental health screenings (if applicable)

I would prefer to receive these records in [Electronic/PDF format via email or secure portal] or [Paper format mailed to the address below].

If there is a fee for processing this request, please notify me in advance. I look forward to receiving these records within the timeframe required by state and federal (HIPAA) law.

Thank you for your assistance.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Phone Number]

[Your Email Address]

[Your Mailing Address]