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

[Name of Physical Therapy Clinic/Facility]
[Address of Facility]
[City, State, Zip Code]

RE: Request for Physical Therapy and Rehabilitation Records

To the Records Department,

I am writing to formally request a copy of my physical therapy and rehabilitation records. My details are as follows:

- **Patient Name:** [Your Full Name]
- **Date of Birth:** [Your Date of Birth]
- **Patient ID/Account Number:** [If known]
- **Dates of Treatment:** [Start Date] to [End Date]

Please provide copies of the following documents:

- Initial Evaluation and Assessment
- Daily Progress Notes
- Treatment Plans and Goals
- Discharge Summary
- Functional Capacity Evaluations (if applicable)
- Home Exercise Programs

I would prefer to receive these records in [Electronic/Paper] format. If there is a fee associated with this request, please notify me in advance.

Thank you for your assistance in this matter. I look forward to receiving my records within the timeframe required by law.

Sincerely,

[Signature for Printed Letters]

[Your Printed Name]