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

[Date]

[PCP Name]
[PCP Clinic Name]
[Clinic Address]

RE: Request for Physical Therapy and Rehabilitation Records

To Whom It May Concern,

I am writing to formally request a copy of my physical therapy and rehabilitation records from your facility. I am currently under the care of [Name of New Provider/Self] and require these documents for continued treatment and medical history review.

Please provide the following information regarding my treatment from [Start Date] to [End Date]:

- Initial evaluations and assessments
- Progress notes and daily treatment logs
- Physical therapy goals and discharge summaries
- Results of any functional capacity evaluations
- Imaging reports (X-ray, MRI, etc.) related to my rehabilitation

Patient Information:
Full Name: [Your Full Name]
Date of Birth: [Your Date of Birth]
Patient ID/Account Number (if known): [ID Number]

Please let me know if there is a specific authorization form I need to sign or if there are any fees associated with this request. You may send the records via [Email/Secure Portal/Physical Mail] to the address listed below:

[Recipient Name/Organization]
[Recipient Address/Email]

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]