Current Date: [Insert Date]

To: [Facility Name]
Attn: Medical Records Department
[Facility Address]
[City, State, Zip Code]

RE: Request for Medical Records / Discharge Summary

Patient Name: [Patient Full Name]
Date of Birth: [Patient Date of Birth]
Patient ID/Account Number (if known): [Insert Number]
Dates of Service: From [Start Date] to [End Date]

To Whom It May Concern,

I am writing to formally request a copy of the **Discharge Summary** and all related **Physical Therapy and Rehabilitation records** for the patient listed above.

Specifically, please include:

- Initial Evaluation
- Progress Notes
- Daily Treatment Notes
- Discharge Summary and Final Status Report
- Home Exercise Program (HEP) instructions

Please deliver these records via the following method:

[ ] Secure Email: [Insert Email Address]
[ ] Fax: [Insert Fax Number]
[ ] Mail: [Insert Mailing Address]

If there are any fees associated with this request, please notify me in advance. If you require a specific HIPAA authorization form to be signed, please send it to me immediately so I may return it.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Phone Number]
[Relationship to Patient (e.g., Self, Legal Representative)]