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

[Date]

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

RE: Medical Records Request for [Patient Full Name]

Date of Birth: [MM/DD/YYYY]
Patient ID/Account Number (if known): [Number]

To Whom It May Concern,

I am writing to formally request a copy of my post-surgical rehabilitation records. I underwent surgery on [Date of Surgery] followed by rehabilitation services at your facility from [Start Date] to [End Date].

Please provide the following records:

- Initial physical/occupational therapy evaluations
- Daily treatment notes and progress reports
- Surgical site monitoring and wound care logs
- Post-operative protocols and exercise prescriptions
- Discharge summary and functional assessment results

I request that these records be provided in [Electronic Format, e.g., PDF/Paper Format].

If there is a fee associated with this request, please notify me in advance if the cost exceeds [Amount]. I am requesting these records for the purpose of [Reason, e.g., continued care/personal records].

Please let me know if you require a signed authorization form or any further identification to process this request. I look forward to receiving these documents within [Number] business days as per state regulations.

Thank you for your assistance.

Sincerely,

[Signature]
[Your Printed Name]