

**DATE:** [Insert Date]

**TO:** [Insert Health Information Management/Records Department Name]

**FROM:** [Insert Internal Audit Department Name]

**SUBJECT:** Request for Complete Medical Chart Records for Internal Audit

Dear Custodian of Records,

The Internal Audit Department is currently conducting a formal audit regarding [Insert Audit Project Name/Reference Number]. As part of this review, we require access to the complete medical records for the patients listed below.

Please provide the full electronic and/or paper charts, including but not limited to:

- Physician orders and progress notes
- Diagnostic test results and imaging reports
- Medication Administration Records (MAR)
- Nursing assessments and clinical flowsheet data
- Consent forms and discharge summaries
- Billing and coding documentation

**Requested Patient Records:**

Patient Name	Date of Birth	Medical Record Number (MRN)	Date(s) of Service
[Insert Name]	[Insert DOB]	[Insert MRN]	[Insert Date Range]

Please provide these records in [Insert Format: e.g., PDF, Physical Copy, or Secure Folder Access] by no later than [Insert Due Date].

All information obtained during this audit will be handled in strict accordance with [Insert Applicable Law, e.g., HIPAA] and organizational confidentiality policies. If you have any questions regarding this request, please contact [Insert Auditor Name] at [Insert Extension/Email].

Thank you for your cooperation.

Sincerely,

[Your Signature]  
[Your Printed Name]  
[Your Title]  
[Department Name]