

[Sender Name/Department]  
[Organization Name]  
[Address Line 1]  
[City, State, Zip Code]  
[Phone Number]  
[Email Address]

[Date]

[Recipient Name]  
[Recipient Title]  
[Requesting Agency/Organization Name]  
[Address Line 1]  
[City, State, Zip Code]

**RE: Submission of Complete Medical Chart Audit Records - [Audit ID/Reference Number]**

Dear [Recipient Name],

In accordance with the regulatory requirements and the formal request received on [Date of Request], [Organization Name] is hereby submitting the requested medical chart documentation for the purpose of a compliance audit.

Enclosed/Attached are the complete medical records for the following patient(s) and/or date range(s):

- [Patient Name / ID Number] - [Date of Service/Range]
- [Patient Name / ID Number] - [Date of Service/Range]
- [Patient Name / ID Number] - [Date of Service/Range]

Each chart includes, where applicable: clinical notes, laboratory results, diagnostic imaging reports, medication administration records, consent forms, and discharge summaries. We certify that these records are transmitted in compliance with [Relevant Law, e.g., HIPAA] privacy and security standards.

Please acknowledge receipt of these records. Should you require additional documentation or further clarification regarding these files, please contact [Point of Contact Name] at [Phone Number].

Sincerely,

[Signature]

[Full Name]  
[Title]  
[Organization Name]