

[Date]

[Custodian of Records Name]

[Facility/Clinic Name]

[Address Line 1]

[City, State, Zip Code]

RE: FIRST FOLLOW-UP REQUEST FOR MEDICAL RECORDS

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Social Security Number: [Last 4 Digits or Full SSN]

Date of Service: [Dates Requested]

To Whom It May Concern,

This letter is a formal follow-up to our initial request sent on [Date of Original Request] regarding the medical records for the above-referenced patient. As of today, we have not yet received the requested documentation or a status update.

Attached is a copy of the original request and the signed HIPAA authorization form for your reference. Please let us know the current status of this retrieval or if there are any outstanding invoices/fees required to release these records.

If the records have already been sent, please disregard this notice. Otherwise, please provide an estimated date of completion or contact our office at [Your Phone Number] if you require additional information.

Records can be sent via:

- **Fax:** [Fax Number]
- **Email:** [Email Address]
- **Mail:** [Mailing Address]

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name/Signature]

[Your Title/Company Name]