

[Your Name/Organization Name]  
[Your Address]  
[City, State, Zip Code]  
[Phone Number]  
[Date]

[Recipient Name/Facility Name]  
[Recipient Address]  
[City, State, Zip Code]

**RE: Partial Receipt of Medical Records / Status Request**

Patient Name: [Patient Full Name]  
Date of Birth: [DOB]  
Request Date: [Original Request Date]  
Reference/Invoice Number: [Reference Number]

Dear Medical Records Department,

We are writing to acknowledge that we have received a partial delivery of the medical records requested for the patient listed above. We received the following documents on [Date Received]:

- [List received items, e.g., Discharge Summary]
- [List received items, e.g., Lab Results]

However, the following requested items are still outstanding:

- [List missing items, e.g., Imaging Reports]
- [List missing items, e.g., Operative Notes from Date]

Please provide an updated status regarding the remaining records. If there are additional fees required for the completion of this request, or if certain records are unavailable, please notify us immediately.

Thank you for your prompt attention to this matter.

Sincerely,

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