

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

RE: Notice of Complete Receipt of Medical Records

Dear [Patient Name or Representative Name],

This letter is to formally notify you that we have successfully received all requested medical records regarding [Patient Name], Date of Birth: [DOB].

The retrieval process is now marked as **Complete**. We have received documentation from the following providers/facilities:

- [Facility/Provider Name 1] - [Date Range of Records]
- [Facility/Provider Name 2] - [Date Range of Records]
- [Facility/Provider Name 3] - [Date Range of Records]

These records have been uploaded to your file and are ready for [Review / Legal Use / Physician Consultation].

No further action is required from your side at this time. Should you have any questions regarding these documents, please contact our office at [Phone Number] or via email at [Email Address].

Sincerely,

[Your Name/Signature]

[Your Title]

[Organization Name]