

[Date]

[Provider Name]

[Facility Name]

[Department, e.g., Health Information Management]

[Address]

[City, State, Zip Code]

RE: Missing Treatment Dates - Medical Records Request

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

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

Reference/Case Number: [Case Number]

Dear Records Manager,

We recently received a production of medical records for the above-referenced patient in response to our request dated [Original Request Date].

Upon review of the files provided, we have identified that the following treatment dates are missing from the production:

- [Missing Date 1]
- [Missing Date 2]
- [Missing Date Range, e.g., January 2023 - March 2023]

Please review your archives and provide the complete records for these specific dates, including but not limited to: physician notes, diagnostic reports, discharge summaries, and billing statements.

If no records exist for these specific dates, please provide a written certification or statement confirming that a search was conducted and no records were found.

Please forward the missing documentation to our office via [Fax/Email/Mail] by [Deadline Date].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Company/Organization Name]

[Your Phone Number]

[Your Email Address]