[Your Name]
[Your Address]
[Your Phone Number]
[Your Email Address]

[Date]

[Name of Records Manager/Custodian of Records]
[Name of Facility/Medical Group]
[Facility Address]

RE: Formal Letter of Instruction - Release of Medical Records

To the Records Custodian,

I am writing to formally request a complete copy of my medical records for the purpose of a legal investigation regarding potential medical malpractice. Please consider this a formal instruction to release all documentation related to my care.

Patient Information:
Full Name: [Patient Full Name]
Date of Birth: [MM/DD/YYYY]
Social Security Number (optional): [XXX-XX-XXXX]
Dates of Service: [Start Date] to [End Date]

Specific Records Requested:
Please provide an exhaustive copy of the following, including but not limited to:

- Complete physician and nursing notes (handwritten and electronic)
- Diagnostic test results (Labs, X-rays, MRIs, CT scans)
- Surgical reports and anesthesia records
- Admission and discharge summaries
- Medication administration records (MAR)
- Correspondence and internal communications regarding my care
- Itemized billing statements
- Audit trails of electronic health records (EHR)

Please deliver these records in [electronic format/PDF via secure link/physical copies] to the following address:
[Recipient Name/Law Firm Name]
[Mailing Address]

I have enclosed a signed HIPAA-compliant authorization form as required by law. Please notify me in advance of any reasonable reproduction fees. In accordance with state and federal law, I expect these records to be produced within [Number] days.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]