Medical Record Transfer Request

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Title]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request the transfer of my medical records for legal purposes. Please provide a complete copy of my medical records, including but not limited to:

- Patient history
- Diagnosis and treatment records
- Medication history
- Test results and reports

My details are as follows:

Name: [Your Name]

Date of Birth: [Your DOB]

Address: [Your Address]

Phone Number: [Your Phone Number]

These records are to be transferred to [New Recipient's Name] at [New Recipient's Address]. Please ensure that the records are sent by [preferred method of transfer, e.g., mail, fax, etc.].

Please let me know if you require any further information or if there are any fees associated with this request. I appreciate your assistance in this matter.

Thank you for your prompt attention to this request.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]