

Medical Record Transfer Request

Date: [Insert Date]

[Recipient's Name]

[Recipient's Title]

[Recipient's Organization]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request the transfer of my medical records for the purpose of workplace health screening. As a requirement for my employment at [Company Name], it is essential to have my health records available for review.

Please find my details below for the record transfer:

- **Patient Name:** [Your Full Name]
- **Date of Birth:** [Your Date of Birth]
- **Medical Record Number:** [Your Medical Record Number]
- **Previous Healthcare Provider:** [Name of Provider]
- **Date Range of Records Requested:** [Start Date] to [End Date]

I authorize the release of my medical records to [Company Name] at the following address:

[Company's Address]

Please let me know if any additional information is needed to complete this request. I appreciate your prompt attention to this matter and look forward to receiving my records soon.

Thank you for your assistance.

Sincerely,

[Your Full Name]

[Your Phone Number]

[Your Email Address]