

# Medical Chart Transfer Requisition

**Date:** [Insert Date]

**To:** [Recipient's Name]  
[Recipient's Title]  
[Recipient's Organization]  
[Recipient's Address]

**From:** [Your Name]  
[Your Title]  
[Your Organization]  
[Your Address]

**Subject:** Medical Chart Transfer Requisition

Dear [Recipient's Name],

I am writing to formally request the transfer of medical records for the following patient:

- **Patient Name:** [Patient's Name]
- **Date of Birth:** [Patient's DOB]
- **Patient ID:** [Patient ID]
- **Previous Provider:** [Previous Provider's Name]

Please send all relevant medical charts and documents to my attention at the address listed above no later than [insert deadline date]. If you have any questions or need further information to process this request, do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Name]  
[Your Title]