

# Request for Medical Records Transfer

To Whom It May Concern,

I hope this message finds you well. My name is [Your Name], and I am writing to formally request the transfer of my medical records from your facility to my new healthcare provider.

Details are as follows:

- **Full Name:** [Your Full Name]
- **Date of Birth:** [Your Date of Birth]
- **Previous Address:** [Your Previous Address]
- **New Provider's Name:** [New Provider's Name]
- **New Provider's Address:** [New Provider's Address]

I kindly request that my records be sent to the above address at your earliest convenience to ensure a smooth transition of my care.

Please let me know if there are any forms or fees required to process this request. I appreciate your attention to this matter and look forward to your prompt response.

Thank you very much for your cooperation.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Contact Information]