

Request for Exchange of Clinical Medication Records

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[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 exchange of clinical medication records for [Patient's Name], born on [Patient's Birthdate], according to [specific circumstances or reasons for the request, e.g., a transfer of care, ongoing treatment].

To facilitate the continuity of care for [Patient's Name], I kindly ask that you send the medication records to [Specify where to send the records, e.g., another healthcare provider, your email, etc.].

Please inform me if any additional documentation is required for this request. I appreciate your assistance and timely attention to this matter.

Thank you for your cooperation.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Title (if applicable)]

[Your Organization (if applicable)]