

# Clinical History Documentation Request

To: [Recipient's Name]

[Recipient's Title]

[Recipient's Institution]

[Recipient's Address]

[City, State, Zip Code]

Date: [Date]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to request the clinical history documentation for [Patient's Name], who was seen in your facility on [Date(s) of Service]. This information is crucial for our ongoing assessment and treatment.

Specifically, we are seeking the following documentation:

- Complete clinical notes
- Test results
- Any imaging studies
- Consultation reports

We appreciate your attention to this matter and your assistance in providing this information at your earliest convenience. If there are any forms or protocols we need to follow, please let us know.

Thank you for your cooperation.

Sincerely,

[Your Name]

[Your Title]

[Your Institution]

[Your Contact Information]