Medical Report Procurement Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Medical Facility Name]

[Facility Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to formally request a copy of my medical report for personal use. My details are as follows:

- Full Name: [Your Full Name]
- Date of Birth: [Your Date of Birth]
- Patient ID/Record Number: [Your Patient ID]
- Date of Service: [Date(s) of Service]

Please let me know if you need any additional information or documentation to process my request. I appreciate your assistance in this matter and look forward to your prompt response.

Thank you for your attention to this matter.

Sincerely,

[Your Name]