

Notification for Health Records Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient Name]

[Recipient Title]

[Institution/Organization Name]

[Address]

[City, State, Zip Code]

Dear [Recipient Name],

I am writing to formally request my health records as part of my ongoing healthcare management. I believe that having access to this information is essential for my treatment and health plan planning.

Please provide the following health records:

- All past medical records
- Immunization records
- Test results
- Medication history

If there are any forms or identification required to fulfill this request, please let me know. I appreciate your prompt attention to this matter and look forward to your response.

Thank you for your assistance.

Sincerely,

[Your Name]