

Your Name
Your Address
City, State, Zip Code
Email Address
Phone Number
Date

Medical Records Department
Hospital Name
Hospital Address
City, State, Zip Code

Dear Medical Records Officer,

I am writing to formally request a detailed medical history for myself. I am in need of this information for personal records and continuing medical care. Below are my details:

- **Full Name:** [Your Full Name]
- **Date of Birth:** [Your Date of Birth]
- **Patient ID:** [Your Patient ID if applicable]
- **Date of Service:** [Specific Dates of Visits]

Please include all pertinent medical records, including but not limited to clinical notes, diagnoses, treatments, and any other relevant information.

I appreciate your prompt attention to this matter and look forward to your response. If you need any further information to process my request, please do not hesitate to contact me at the phone number or email address provided above.

Thank you for your assistance.

Sincerely,
Your Name