

Inquiry About Medical Records Transfer

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

[Recipient's Name]

[Healthcare Provider's Name]

[Provider's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to request the transfer of my medical records from [Current Provider's Name] to my new healthcare provider, [New Provider's Name].

Here are my details for your reference:

- Full Name: [Your Full Name]
- Date of Birth: [Your Date of Birth]
- Previous Provider: [Current Provider's Name]
- New Provider: [New Provider's Name]

Please let me know if there are any forms or identification required to facilitate this process or if you need any further information from my side.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]