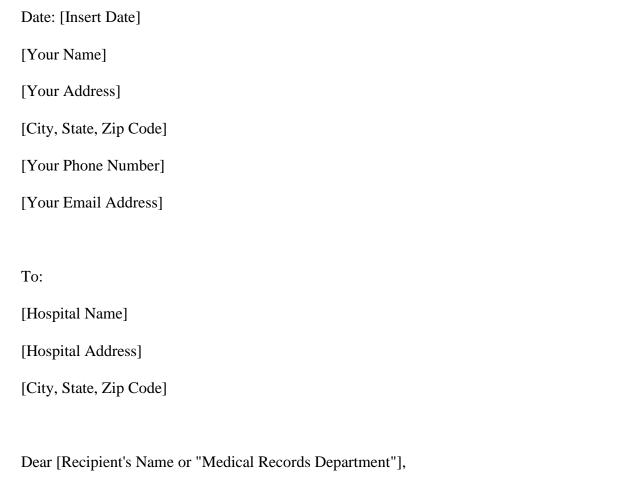
Medical Records Request



I am writing to formally request copies of my medical records for my personal use. Below are my details:

- Name: [Your Full Name]
- **Date of Birth:** [Your Date of Birth]
- Patient ID (if applicable): [Your Patient ID]
- **Date(s) of Service:** [Insert relevant dates]

Please include all pertinent medical records, including but not limited to diagnostic reports, treatment history, and any notes from my health care providers.

If there are any forms I need to complete or fees associated with this request, please let me know. I appreciate your prompt attention to this matter.

Thank you.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]