

Medical Records Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]

To:

[Hospital Name]

[Hospital Address]

[City, State, Zip Code]

Dear [Recipient's Name or "Medical Records Department"],

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]