

Medical Procedure Report Request Letter

Date: [Insert Date]

To: [Recipient's Name]
[Recipient's Title]
[Hospital/Clinic Name]
[Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request the medical procedure report pertaining to [Patient's Name], who underwent [Describe Procedure] on [Date of Procedure]. This request is being made for legal purposes in relation to [briefly describe the reason, e.g., ongoing litigation, insurance claim, etc.].

For your reference, the following details are provided:

- **Patient's Full Name:** [Patient's Name]
- **Date of Birth:** [Patient's DOB]
- **Medical Record Number:** [Patient's MRN]
- **Date of Procedure:** [Date]

Please include all relevant details and findings as part of the report. If any fees are associated with this request, kindly inform me so that arrangements can be made for prompt payment.

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

Sincerely,

[Your Name]
[Your Title/Position, if applicable]
[Your Address]
[Your City, State, Zip Code]
[Your Phone Number]
[Your Email Address]