

# Request for Medical Procedure Report

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Position]

[Institution/Organization Name]

[Institution/Organization Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to request a report of the medical procedure performed on [Patient's Name] on [Date of Procedure]. This report will be utilized for medical research purposes aimed at [briefly describe the purpose of the research].

Please include the following details in the report:

- Procedure Type
- Patient's Medical History
- Results and Observations
- Follow-up Recommendations

We assure you that all patient information will be handled confidentially and in accordance with HIPAA regulations.

Thank you for your consideration. We look forward to your prompt response.

Sincerely,

[Your Name]

[Your Position]

[Your Institution/Organization Name]

[Your Contact Information]