

Request for Medical Procedure Report

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Date]

[Medical Facility Name]

[Facility Address]

[City, State, ZIP Code]

Dear [Recipient's Name or "To Whom It May Concern"],

I am writing to formally request a copy of my medical procedure report and any related health records associated with my care. Below are my details for your reference:

Name: [Your Full Name]

Date of Birth: [Your Date of Birth]

Patient ID (if applicable): [Your Patient ID]

Date of Procedure: [Date of Procedure]

Procedure Type: [Type of Procedure]

I would appreciate it if you could send the requested documents to my address listed above, or via email at [Your Email Address]. If there is a fee for processing this request, please inform me beforehand.

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

Sincerely,

[Your Name]