

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Hospital/Clinic Name]

[Hospital/Clinic Address]

[City, State, Zip Code]

## **Subject: Request for Detailed Discharge Summary**

Dear [Recipient's Name],

I hope this message finds you well. I am writing to request a detailed discharge summary for my recent hospitalization from [Admission Date] to [Discharge Date] at [Hospital/Clinic Name]. The summary is necessary for my ongoing medical care and follow-up appointments.

In particular, I would appreciate it if the summary could include:

- Reason for admission
- Summary of treatments received
- Medications prescribed upon discharge
- Recommendations for follow-up care

Please let me know if there are any forms or fees required to process this request. I appreciate your assistance and look forward to your prompt response.

Thank you for your attention to this matter.

Sincerely,

[Your Name]