

Request for Personal Medical History Summary

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Your Email]

[Your Phone Number]

[Recipient's Name]

[Recipient's Title]

[Healthcare Facility or Provider's Name]

[Facility Address]

[City, State, ZIP Code]

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to formally request a summary of my personal medical history for my records. The information will help me in managing my health and understanding my medical background.

Please include details such as past diagnoses, treatments, and any pertinent information related to my medical history. My patient ID is [Insert Patient ID].

If there are any forms or fees needed to process this request, please let me know. I appreciate your assistance in this matter and look forward to your prompt response.

Thank you for your attention to this request.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]