

# **Inquiry for Comprehensive Health Record Compilation**

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

Email: [Your Email]

Phone: [Your Phone Number]

[Recipient's Name]

[Recipient's Title]

[Health Care Facility/Organization Name]

[Facility Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to inquire about the process for compiling a comprehensive health record for [Patient's Name], born on [Patient's Date of Birth], who has received care at your facility. It is essential for me to obtain a complete and accurate health record for personal and medical reasons.

Could you please provide information regarding the necessary steps, any required documentation, and potential fees associated with this process? I would appreciate your assistance in ensuring a timely compilation of this health record.

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

Sincerely,

[Your Name]