

Petition for Consolidated Medical History Documentation

Date: [Insert Date]

To,

[Recipient's Name]
[Recipient's Title]
[Recipient's Organization]
[Recipient's Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request the consolidation of my medical history documentation from your office. As a patient receiving care at [Hospitals/Clinics involved], I find it necessary to have a comprehensive view of my medical history for better management of my health.

The specifics of my request are as follows:

- Patient Name: [Your Name]
- Date of Birth: [Your Date of Birth]
- Medical Record Number: [Your Medical Record Number]
- Dates of Treatment: [Insert Dates]

I believe that having a consolidated view of my medical history will facilitate better treatment decisions and enhance my ongoing care. Please let me know if there are any forms or additional information required to process this request.

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

Sincerely,

[Your Name]
[Your Address]
[City, State, Zip Code]
[Your Phone Number]
[Your Email Address]