

Request for Health Record Duplicates

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

To Whom It May Concern,

I am writing to formally request duplicates of my health records. My name is [Your Full Name], and my date of birth is [Your Date of Birth]. I have been a patient at [Healthcare Provider's Name] since [Year]. My patient ID is [Patient ID], if applicable.

For my records and ongoing health management, I would appreciate receiving copies of the following records:

- [Specify Record 1]
- [Specify Record 2]
- [Specify Record 3]

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

Thank you very much.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Typed Name]