

Medical Records Request Denial

Date: [Insert Date]

[Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

Thank you for your recent request for medical records dated [Insert Request Date]. After careful review, we regret to inform you that we are unable to fulfill your request at this time due to incomplete documentation.

To process your request for medical records, we require the following information:

- [Specify Required Information 1]
- [Specify Required Information 2]
- [Specify Required Information 3]

Please provide the necessary documentation at your earliest convenience, and we will be happy to process your request promptly. If you have any questions or need further assistance, feel free to contact us at [Insert Contact Information].

Thank you for your understanding.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Contact Information]