

Medical Records Inquiry

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[Recipient's Title]

[Hospital/Clinic Name]

[Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to formally request the authentication of medical details for [Patient's Full Name], who was treated at your facility on [Date of Treatment].

Due to [Reason for Inquiry: e.g., an ongoing medical assessment, legal requirement, etc.], it is crucial to verify the accuracy of the patient's medical records. I would appreciate your assistance in providing the necessary information to ensure proper verification and adherence to relevant protocols.

Please let me know the appropriate steps to facilitate this inquiry. Should you require any additional information or documentation from my end, feel free to contact me at your earliest convenience.

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

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Title/Position, if applicable]