

# Patient Health Record Confirmation

Date: [Insert date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]

[Recipient's Name]

[Recipient's Position]

[Medical Institution's Name]

[Institution's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to confirm that I have received my health records dated [insert date of records], as requested. Please let me know if any further verification or documentation is required to complete this process.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]