

Requisition for Patient Medical Record Assessment

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Title]

[Healthcare Facility Name]

[Healthcare Facility Address]

Dear [Recipient's Name],

I am writing to formally request the medical records of [Patient's Full Name], born on [Patient's Date of Birth], for the purpose of [briefly state the purpose, e.g., assessment, treatment planning]. This request is made in accordance with [relevant laws or policies, if applicable].

Please include the following records:

- All progress notes
- Lab results
- Radiology reports
- Medication history
- Other relevant medical records

If you require any further information or documentation to process this request, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

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

Sincerely,

[Your Full Name]

[Your Title]

[Your Organization]

[Your Organization Address]

[Your Phone Number]

[Your Email Address]