

Medical Records Update Request

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Previous Healthcare Provider's Name]

[Provider's Address]

[City, State, Zip Code]

Dear [Healthcare Provider's Name],

I am writing to formally request an update of my medical records to be transferred to my new healthcare provider.

My details are as follows:

- Full Name: [Your Full Name]
- Date of Birth: [Your Date of Birth]
- Patient ID (if applicable): [Your Patient ID]

Please send the complete medical records to:

[New Healthcare Provider's Name]

[Provider's Address]

[City, State, Zip Code]

Thank you for your attention to this matter. I appreciate your prompt action in processing my request.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]