

# Medical Progress Request

Date: \_\_\_\_\_

To: [Recipient's Name]

[Recipient's Title]

[Organization/Institution Name]

[Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to request an update on the medical progress of [Patient's Name], who is currently undergoing treatment for [specific condition] at your facility.

Please provide any relevant information regarding [his/her/their] progress, treatment plan, and any expected outcomes. This information is crucial for [my educational purposes, other healthcare planning, or specific reason].

Thank you for your attention to this matter. I appreciate your cooperation and support. If you require any further information or forms, please do not hesitate to contact me.

Sincerely,

[Your Name]

[Your Title]

[Your Organization/Institution]

[Your Contact Information]