Health Record Verification Inquiry

Date: [Insert Date]

[Recipient's Name]

[Recipient's Title]

[Recipient's Institution/Organization]

[Address]

[City, State, ZIP Code]

Dear [Recipient's Name],

I am writing to request verification of health records for [Patient's Full Name], born on [Patient's Date of Birth], who was treated at your facility from [Start Date] to [End Date]. We require this information for [State Purpose, e.g., insurance verification, legal purposes, etc.].

For your convenience, I have attached a signed authorization form from [Patient's Name] permitting the release of this information.

We would greatly appreciate your prompt attention to this matter. Please send the verified health records to [Your Address] or email them to [Your Email Address]. If there are any fees associated with this request, please inform me beforehand.

Thank you for your cooperation.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Your Phone Number]

[Your Email Address]