

Patient Records Confirmation Letter

Date: [Insert Date]

[Your Practice Name]

[Your Practice Address]

[City, State, ZIP Code]

[Phone Number]

[Patient Name]

[Patient Address]

[City, State, ZIP Code]

Dear [Patient Name],

This letter is to confirm that we have received your request for your medical records. We are currently processing your request and will ensure that your records will be sent to you within the required timeframe.

If you have any questions or require further assistance, please do not hesitate to contact our office at [Phone Number].

Thank you for your attention.

Sincerely,

[Your Name]

[Your Title]

[Your Practice Name]