

Medical Records Department

Date: [Insert Date]

[Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Subject: Follow-Up on Medical Records Request Acknowledgment

Dear [Recipient's Name],

We are writing to follow up on your recent request for your medical records submitted on [Insert Request Date]. We appreciate your patience as we process your request.

As of today, we have received your request and are currently reviewing it. We aim to provide you with the requested information within [Insert timeframe, e.g., 30 days] from the date of your initial request.

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

Thank you for your understanding.

Sincerely,

[Your Name]

[Your Title]

[Medical Facility Name]

[Medical Facility Address]

[City, State, Zip Code]