

# Medical Records Request Confirmation Follow-Up

Date: [Insert Date]

[Recipient's Name]

[Recipient's Address]

[City, State, ZIP]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to follow up on my previous request for my medical records submitted on [Insert Date of Initial Request]. As of today, I have not yet received confirmation regarding the status of my request.

For your reference, 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 let me know if there are any forms or additional information required to expedite this process. Thank you for your attention to this matter, and I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Address]

[City, State, ZIP]

[Your Contact Number]

[Your Email Address]