

Medical Records Request Procedure Clarification

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

To: [Recipient's Name]

[Recipient's Title]

[Hospital/Clinic Name]

[Address]

[City, State, Zip Code]

Subject: Request for Clarification of Medical Records Procedure

Dear [Recipient's Name],

I hope this message finds you well. I am writing to seek clarification regarding the procedure for requesting medical records at [Hospital/Clinic Name]. I would like to understand the steps involved, any forms that need to be completed, and the expected timeline for processing such requests.

Additionally, if there are any fees associated with obtaining these records, please provide details on the payment methods accepted.

Your assistance in this matter is highly appreciated, and I look forward to your prompt response.

Thank you for your attention to this request.

Sincerely,
[Your Name]