

Medical Records Request Status Inquiry

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

[Recipient's Name]

[Recipient's Title]

[Facility/Organization Name]

[Facility Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to inquire about the status of my request for medical records submitted on [Insert Submission Date]. The reference number for my request is [Insert Reference Number].

As the records are crucial for my ongoing medical care, I would appreciate any updates you can provide regarding the processing of my request.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]