

# Medical Records Request Update

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Recipient's Name]

[Medical Facility's Name]

[Medical Facility's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to follow up on my request for medical records submitted on [insert original request date]. As of today, I have not yet received the necessary documentation. I understand that processing such requests may take time, but I would appreciate an update on 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: [Your Patient ID, if applicable]

Please let me know if any additional information is needed from my side to expedite this process. Thank you for your attention to this matter.

Sincerely,

[Your Name]