

Medical Records Request Follow-Up

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

To: [Recipient's Name]

[Medical Facility Name]

[Facility Address]

[City, State, Zip Code]

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, which I submitted on [insert date of original request]. Due to the nature of my medical situation, I need these records urgently to facilitate my ongoing treatment.

Please let me know if there are any updates regarding my request. I appreciate your attention to this matter and look forward to your prompt response.

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]