

Request for Transfer of Medical Records

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Subject: Request for Transfer of Medical Records

Dear [Recipient's Name],

I am writing to formally request the transfer of my medical records from your facility to [New Facility Name and Address]. I have been a patient at your facility since [Date] and would like to ensure that my new healthcare provider has access to my medical history.

Please include all relevant medical records, including but not limited to:

- Medical history
- Diagnostic reports
- Treatment records

For verification purposes, my date of birth is [Your Date of Birth], and my patient ID (if applicable) is [Your Patient ID].

Thank you for your attention to this matter. I appreciate your prompt action in transferring my medical records. Please do not hesitate to contact me at [Your Phone Number] or [Your Email] if you have any questions.

Sincerely,

[Your Name]