

Patient Information Request

Date: [Insert Date]

To: [Healthcare Provider's Name]

[Healthcare Provider's Address]

[City, State, ZIP Code]

Dear [Healthcare Provider's Name],

I am writing to request information regarding the management of hypertension for my patient, [Patient's Name], who has been diagnosed with hypertension on [Diagnosis Date]. We are committed to providing the best possible care and believe that collaboration is essential for effective management.

Specifically, I would like to request the following information:

- Current medications prescribed and dosages
- Recent blood pressure readings and trends
- Any lifestyle modifications recommended
- Follow-up appointment schedule

Please send the information by [Insert Deadline], as it will aid in my patient's ongoing care. You can reach me at [Your Phone Number] or [Your Email Address] if you have any questions or require further details.

Thank you for your cooperation.

Sincerely,

[Your Name]

[Your Title]

[Your Practice/Organization]

[Your Address]

[City, State, ZIP Code]

[Your Phone Number]

[Your Email Address]