

Medical Records Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

To: [Recipient's Name]

[Healthcare Provider's Name]

[Provider's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request the medical records of my [relationship to patient, e.g., father, mother, etc.], [Patient's Full Name], who was born on [Patient's Date of Birth]. This request is made in light of ongoing health needs and to ensure that appropriate care is provided.

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

- Appointment histories
- Test results
- Medication lists
- Treatment plans

I understand that there may be fees associated with this request, and I am willing to cover any necessary costs. Please let me know if you need any further information or documentation to process this request.

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

Sincerely,

[Your Name]