

Medical Records Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Recipient Name]

[Medical Facility Name]

[Facility Address]

[City, State, Zip Code]

Dear [Recipient Name],

I am writing to formally request a copy of my medical records for personal use. I believe that these documents are essential for my ongoing health management and personal review.

Below are my details for your records:

- Full Name: [Your Full Name]
- Date of Birth: [Your Date of Birth]
- Patient ID (if applicable): [Your Patient ID]
- Dates of Treatment: [Specify Dates]

Please send my records to the address listed above, or you may contact me via the provided email or phone number should you need any further information to process this request.

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

Sincerely,

[Your Name]