

Request for Review of Previous Medical History

Date: [Insert Date]

[Recipient's Name]

[Recipient's Title]

[Facility/Organization Name]

[Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to request a review of my previous medical history for the purpose of [explain the reason briefly, e.g., seeking treatment, insurance purposes, etc.]. I believe that having access to my medical records will assist in providing the best possible care moving forward.

Please find my personal details below for your reference:

- Name: [Your Name]
- Date of Birth: [Your Date of Birth]

Thank you for your attention to this matter. I would appreciate it if you could expedite the process and let me know if you require any further information.

Sincerely,

[Your Name]

[Your Contact Information]