

Request for Updated Patient Health Records

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Recipient's Name]

[Recipient's Position]

[Hospital/Clinic Name]

[Hospital/Clinic Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to request an updated copy of my health records. I am a patient at your facility, and my name is [Your Name], with date of birth [Your Date of Birth]. My patient ID is [Your Patient ID].

For [reason for request, e.g., insurance, new doctor, personal record], I need the most recent health records, including [specific records you need, e.g., lab results, visit summaries, etc.].

Please let me know if there are any forms I need to complete or if there are any fees associated with this request.

Thank you for your assistance. I look forward to your prompt response.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]