

Medical Record Request

Date: [Insert Date]

To Whom It May Concern,

I am writing to formally request a copy of my medical records for the purpose of employment verification. My name is [Your Full Name], and I was a patient at your facility from [Start Date] to [End Date]. My date of birth is [Your Date of Birth].

For your reference, my contact information is as follows:

- Phone: [Your Phone Number]
- Email: [Your Email Address]

Please send the requested medical records to my prospective employer at the following address:

[Employer's Name]

[Employer's Address]

If you require any further information, please do not hesitate to contact me at the above phone number or email.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]