

Medical Record Request

Date: [Insert Date]

[Recipient's Name]

[Recipient's Title]

[Hospital/Clinic Name]

[Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request copies of my medical records for legal purposes. As per my rights under [mention relevant laws or regulations], I require these records for my personal review and to assist with ongoing legal matters.

Please provide the medical records detailing my treatment and care history from [start date] to [end date]. I understand that some information may be sensitive and I am willing to comply with any necessary procedures to ensure this request is fulfilled appropriately.

For your convenience, my details are as follows:

Name: [Your Full Name]

Date of Birth: [Your Date of Birth]

Social Security Number (last four digits): [XXXX]

Address: [Your Address]

Phone Number: [Your Phone Number]

If there are any fees associated with this request, please inform me beforehand. I would appreciate your prompt attention to this matter and look forward to receiving the requested records within [insert time frame as per law].

Thank you for your cooperation.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]