

Medical Record Request Letter

Your Name

Your Address
City, State, Zip Code
Email Address
Phone Number
Date: [Insert Date]

Medical Facility Name

Facility Address
City, State, Zip Code

Dear [Medical Records Department],

I am writing to formally request a copy of my medical records for personal use. Below are my details:

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

Please send the records to my address provided above or contact me if there are any fees associated with this request. Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]