

# Medical Record Request for Travel Insurance

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient Name]

[Recipient's Title]

[Hospital/Clinic Name]

[Hospital/Clinic Address]

[City, State, Zip Code]

Dear [Recipient Name],

I am writing to formally request a copy of my medical records as part of my application for travel insurance. My details are as follows:

**Full Name:** [Your Full Name]

**Date of Birth:** [Your Date of Birth]

**Insurance Provider:** [Travel Insurance Provider Name]

**Policy Number:** [Policy Number]

Please include all relevant medical records, prescriptions, and any summaries of treatment that will assist in verifying my medical history.

If there are any forms or fees associated with this request, please inform me at your earliest convenience. I understand the importance of privacy and confidentiality regarding medical information and appreciate your prompt attention to this matter.

Thank you for your assistance.

Sincerely,

[Your Name]