

# Request for Medical Records

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

[Medical Provider's Name]  
[Provider's Address]  
[City, State, Zip Code]

Dear [Medical Provider's Name],

I am writing to request copies of my medical records related to my treatment for injuries sustained in an accident on [Date of Accident]. My full name is [Your Name], and my date of birth is [Your Date of Birth]. My patient ID number, if applicable, is [Patient ID Number].

Please provide all records pertaining to my diagnosis, treatment, and any follow-up care related to my personal injury claim.

Thank you for your assistance in this matter. Should you have any questions or need further information, please contact me at [Your Phone Number] or [Your Email Address].

Sincerely,

[Your Name]