

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

[Recipient's Name]  
[Recipient's Title]  
[Medical Facility's Name]  
[Facility's Address]  
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request copies of my medical history for legal documentation purposes. I am currently in the process of [briefly explain the reason for the request, e.g., pursuing a legal case, filing an insurance claim], and it is important to have my complete medical records.

Please provide the following information:

- All medical records including diagnosis, treatment, and billing information from [start date] to [end date].
- Any additional documentation relevant to my medical history.

If there are any forms or fees required to process this request, please let me know, and I will provide the necessary information as quickly as possible.

Thank you for your prompt attention to this matter. I appreciate your assistance in providing my medical records as soon as possible.

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