

Date: [Insert Date]

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

[Recipient Name]  
[Recipient Position]  
[Recipient Organization]  
[Recipient Organization Address]  
[City, State, Zip Code]

Dear [Recipient Name],

We are writing to request the medical history of our patient, [Patient Name], who is being transferred to our facility. The transfer is scheduled for [Transfer Date]. To ensure a seamless transition and continuity of care, we kindly request that you provide the following information:

- Complete medical history
- Recent lab results and imaging studies
- Medication list including dosage and frequency
- Any existing treatment plans or care notes

We appreciate your cooperation in this matter and look forward to your prompt response. If you have any questions or require further information, please do not hesitate to contact us at [Your Phone Number] or [Your Email Address].

Thank you for your assistance.

Sincerely,

[Your Name]  
[Your Position]  
[Your Organization]