

Medical History Request

Date: [Insert Date]

To: [Specialist's Name]

[Specialist's Address]

[City, State, Zip Code]

Dear [Specialist's Name],

I hope this letter finds you well. I am writing to request a comprehensive medical history report for my patient, [Patient's Name], who I am referring to you for further evaluation and treatment.

Patient Details:

- Name: [Patient's Name]
- Date of Birth: [Patient's DOB]
- Patient ID: [Patient's ID]
- Contact Information: [Patient's Contact Information]

Please include relevant details regarding their medical history, including any prior diagnoses, treatments, medications, allergies, and significant family medical history.

Thank you for your assistance in this matter. If you have any questions or require further information, please do not hesitate to contact my office at [Your Contact Information].

Sincerely,

[Your Name] [Your Title]

[Your Practice Name]

[Your Practice Address]

[City, State, Zip Code]