

Clinical Chart Overview Request

Date: [Insert Date]

To: [Recipient Name]

Title: [Recipient Title]

Organization: [Recipient Organization]

Address: [Recipient Address]

Dear [Recipient Name],

I am writing to request an overview of the clinical chart for [Patient's Name], who was treated at [Facility Name] on [Dates of Treatment]. As part of my [reason for request, e.g., ongoing care, research, etc.], it is essential to obtain the following information:

- Diagnosis
- Treatment history
- Medications prescribed
- Any pertinent lab results

Please let me know if there are any forms or additional steps needed to facilitate this request. I appreciate your assistance and look forward to your timely response.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Your Contact Information]