

# Request for Clinical Records Overview

Date: [Insert Date]

To: [Healthcare Provider's Name]

[Healthcare Provider's Address]

[City, State, Zip Code]

Dear [Healthcare Provider's Name],

I am writing to formally request an overview of my clinical records. I would like to review the information regarding my medical history, treatments received, and any relevant notes made by healthcare professionals.

Details of my request are as follows:

- Patient Name: [Your Name]
- Date of Birth: [Your Date of Birth]
- Patient ID: [Your Patient ID, if applicable]

Please send the requested overview to the address listed below or by email to [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]