

Request for Health Documentation

Date: [Insert Date]

To Whom It May Concern,

I am writing to formally request a copy of my health documentation as per my rights under [Specify Relevant Law or Policy]. Below are my details:

- Full Name: [Insert Full Name]
- Date of Birth: [Insert Date of Birth]
- Address: [Insert Address]
- Contact Number: [Insert Phone Number]

Please send the requested information to my address or via email at [Insert Email Address] within the timeline specified by law.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]