

Medical Documentation Summary Request

Date: [Insert Date]

To: [Recipient's Name]

Title: [Recipient's Title]

Organization: [Recipient's Organization]

Address: [Recipient's Address]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to request a summary of medical documentation for [Patient's Name], [Patient's Date of Birth or other identifiers] regarding their recent treatments and evaluations.

The information will assist in ensuring continuity of care and support any necessary follow-up treatments. Specifically, I would appreciate it if you could include:

- Diagnosis
- Treatment received
- Date of last visit
- Any recommended next steps or follow-ups

If possible, kindly provide this information by [Insert Deadline], as it will greatly aid in the patient's ongoing care. Should you have any questions or require further information, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your assistance in this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Your Contact Information]