

Request for Medical History Summary

Date: [Insert Date]

To: [Healthcare Provider's Name]

Address: [Healthcare Provider's Address]

Dear [Healthcare Provider's Name],

I hope this message finds you well. I am writing to request a comprehensive summary of my medical history. My full name is [Your Full Name], and my date of birth is [Your Date of Birth].

I would like to obtain this information for [specify reason - e.g., continuing care, insurance purposes, etc.]. Please include any relevant information regarding my diagnoses, treatments, medications, allergies, and any other pertinent details.

If there are any forms I need to complete or fees associated with this request, please let me know. I appreciate your assistance in this matter and look forward to your prompt response.

Thank you for your attention to this request.

Sincerely,

[Your Name]

[Your Address]

[Your Phone Number]

[Your Email Address]