

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

[Recipient's Name]
[Recipient's Title]
[Medical Institution/Provider's Name]
[Institution's Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to formally request copies of my medical documents from [specific date range or type of treatment, if applicable].

For your reference, my details are as follows:

- Full Name: [Your Full Name]
- Date of Birth: [Your Date of Birth]
- Patient ID/Medical Record Number: [If applicable]

The documents I would like to request include:

- [List specific documents needed, e.g., test results, treatment records, etc.]

Please let me know if there are any forms I need to complete or fees to be paid to process this request. You can reach me at [Your Phone Number] or [Your Email Address] for any inquiries.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]