

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

[Physician's Name]
[Physician's Office/Clinic Name]
[Office Address]
[City, State, Zip Code]

Dear [Physician's Name],

Subject: Request for Health Records

I hope this message finds you well.

I am writing to formally request a copy of my health records maintained in your office. The details for my request are as follows:

- Patient Name: [Your Full Name]
- Date of Birth: [Your Date of Birth]
- Patient ID (if applicable): [Your Patient ID]
- Specific dates of treatment or relevant information: [Specify Dates/Details]

I am requesting these records for [brief explanation of purpose, e.g., "continuity of care with a new physician," "personal records," etc.].

Please let me know if there are any forms or fees required to process my request. I appreciate your assistance and look forward to your prompt response.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]