

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

[Recipient's Name]
[Recipient's Title]
[Medical Facility/Practice Name]
[Facility Address]
[City, State, Zip Code]

Dear [Recipient's Name],

Subject: Request for Medical History

I hope this letter finds you well. I am writing to formally request my medical history from your facility. I would appreciate if you could provide me with copies of my medical records, including any diagnoses, treatments, prescriptions, and any other relevant information.

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: [Your Patient ID, if applicable]

Please let me know if there are any forms I need to complete, or if there are any fees associated with processing this request. I would like to have all the requested information sent to me at your earliest convenience.

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

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]