

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

Dear [Recipient Name],

Subject: Request for Electronic Health Records (EHR) Documentation

I am writing to formally request the electronic health records (EHR) documentation for [Patient's Name], who was treated at

[Facility/Organization Name] on [Date(s) of Service]. The records needed include:

1. [Specific Document/Record Type 1]
2. [Specific Document/Record Type 2]
3. [Specific Document/Record Type 3]

This request is made in accordance with [cite relevant laws or regulations, if applicable, e.g., HIPAA]. The purpose of this request is [briefly explain purpose, e.g., continuity of care, legal reasons, etc.]. Please let me know if you require any additional information or forms to process this request. I appreciate your prompt attention to this matter and look forward to your response.

Thank you.

Sincerely,

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