

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

[Physician's Name]
[Physician's Practice Name]
[Practice Address]
[City, State, ZIP Code]

Dear [Physician's Name],

I hope this letter finds you well. I am writing to request access to my electronic health record (EHR) for the purpose of [reason for access, e.g., personal review, sharing with a specialist, etc.].

As a patient, I believe that having access to my EHR is crucial for my ongoing healthcare management. I would appreciate your assistance in facilitating this request.

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

Sincerely,

[Your Name]

[Your Date of Birth or Patient ID, if applicable]