

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

[Provider's Name]  
[Provider's Office/Facility Name]  
[Office Address]  
[City, State, Zip Code]

Subject: Request for Medical Records

Dear [Provider's Name or Medical Records Department],

I hope this letter finds you well. I am writing to formally request copies of my medical records for the following dates of service: [insert dates].

My full name is [Your Full Name], and my date of birth is [Your Date of Birth]. For identification purposes, my patient ID number is [Your Patient ID Number, if applicable].

The requested medical records include:

- [Specify any particular records needed, e.g., "test results," "treatment notes," etc.]

Please send the records to my home address listed above or provide them in a digital format via email at [Your Email Address]. If there are any fees for processing this request, please inform me beforehand.

Thank you for your assistance. I appreciate your prompt attention to this matter.

Sincerely,

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