

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

Dear [Recipient's Name],

Subject: Submission of Medical Records

I hope this letter finds you well. Please find enclosed the medical records for [Patient's Name], dated [Date of Records]. These records include [brief description of the contents of the records, e.g., treatment history, lab results, etc.], which are submitted in accordance with [mention any relevant agreements or requests].

If you require any further information or additional documentation, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Title, if applicable]

[Your Organization, if applicable]

Enclosure: [List any enclosed documents]