

[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]

Subject: Submission of Medical Records for SSDI Application

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to submit my medical records as part of my application for Social Security Disability Insurance (SSDI).

Enclosed with this letter are the following documents:

1. [List the specific medical records, e.g., Physician's evaluation, Diagnosis reports, Treatment notes, etc.]
2. [Additional records if necessary]

These records provide support for my claim and document my medical condition as it relates to my ability to work.

Please confirm receipt of these documents at your earliest convenience. If you require any further information or additional documentation, do not hesitate to contact me.

Thank you for your attention to my application.

Sincerely,

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