Professional Patient Request Email

Subject: Request for Medical Records - [Your Full Name], DOB: [Date]

Dear Medical Records Department,

I am writing to formally request copies of my complete medical records from your facility. Please find my details below:

Patient Name: [Your Full Name]

Date of Birth: [MM/DD/YYYY]

Patient ID/Account Number: [If known]

Address: [Current Address]

Phone: [Phone Number]

I am requesting records for the period from [Start Date] to [End Date]. This request includes all medical records, test results, imaging studies, lab reports, consultation notes, discharge summaries, and any other documentation related to my care.

The purpose of this request is for [reason: continuing care, second opinion, personal records, etc.]. I understand there may be fees associated with copying these records, and I am prepared to pay reasonable charges as permitted by law.

Please contact me at [phone/email] to arrange pickup or mailing of these records. I have enclosed a copy of my photo identification as required.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]