

Healthcare-related information inquiry

Subject: Request for Medical Information/Records

Dear [Healthcare Provider/Medical Records Department],

I am writing to request information regarding [specific medical topic/my medical records]. This information is needed for [purpose: continuing care, second opinion, personal records, etc.].

Patient Information:

Name: [Full Name]

Date of Birth: [DOB]

Patient ID/Account Number: [if known]

I am specifically requesting:

- [Specific records, test results, or information needed]
- Treatment dates: [date range]
- Relevant medical history documentation

I have included the completed authorization form and a copy of my photo identification as required by HIPAA regulations. If additional documentation is needed, please let me know immediately.

Please send the requested information to:

[Your preferred contact method and address]

If there are any fees associated with this request, please inform me before processing. I understand that it may take up to 30 days to fulfill this request.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]

[Printed Name]

[Date]

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