

Sample Request for Medical Records

Your Full Name
Your Address
Your City, State ZIP
Your Phone

Today's Date

Doctor's Name
Doctor's Mailing Address
Doctor's City, State ZIP

Dear [Doctor's Name]:

I am in the process of assembling a complete personal health history, by obtaining copies of my medical records. I would like to have my medical information ready for any doctor that may require it during the course of my medical care.

At this time, I am requesting copies of my health records from your office. These include the following: [insert names of all items pertaining to each doctor, such as: laboratory tests, pathology reports, EKG and other heart tests, x-rays, MRI, consultation reports, hospital discharge summaries, post-operative reports].

Enclosed is a check for \$15, and a self-addressed, stamped envelope to cover the expense of the copies.

Thank you, in advance, for your time and assistance.

Sincerely,

[Your signature]

Your name
Date of Birth: [Your date of birth]
Social Security Number
Your prior name, if treated under that name



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