

Sample Medical Request Letter – for the client to send themselves

Date

Jane Client
100 Main Street
St. Charles, IL 60174

Medical Records
Spine and Pain Institute
123 Main Street
Suite 100
St. Charles, IL 60174

RE: Jane Client
DOB 1/2/1973

Dear Records Administrator:

Please send me my complete medical records, including any treatment notes, test results, laboratory findings and/or discharge reports and my visits with Dr. John Smith from 2012 to the present. I have enclosed a release of health information that I have signed authorizing you to send me my medical records.

Regrettably, I do not have funds to pay for these records. I would greatly appreciate it if you would waive the cost of the records. The medical records are an essential part of my application for Social Security benefits. If you are not able to provide the records at no charge, please do not send them without my express approval. You may either call or write to me informing me of the fee that you would be requesting.

If you have any questions, you may reach me at (630) 999-1111.

Sincerely,