Medical records request

Draft template for agency review

[Date]

Health Information Management / Records Custodian, [Provider name]

Dear Records Custodian,

I am requesting the following records for [patient name and date of birth] for [specific date range]: [list the records needed].

This request is supported by [applicable signed authorization or other agency-confirmed authority]. Enclosures: [applicable Form 35-H or equivalent authorization, custody order, or other documentation required for this request].

Please transmit the requested records via [agency-approved secure method]. If any records are unavailable or your office requires additional documentation, please contact me at [agency phone or secure email].

Thank you,

[Caseworker name and title]
[Office and agency contact information]