

Facility Letterhead

Date:

Re:

Medical Record Number:

You have requested information from the records of the above named patient. The following checked item is applicable to this request:

- We are unable to identify this patient. Please provide additional information such as date of birth, dates of treatment, any alias and verify the spelling of the name.
- No record of treatment on the date specified in your request. Patient has not been seen since \_\_\_\_\_.
- The information you requested was mailed on \_\_\_\_\_. Please notify Medical Records if you have not received them.
- The charge for processing the Medical Record is \$\_\_\_\_\_
- Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you have any questions please direct them to Medical Records staff listed below.

Thank you,

(Staff Name)  
Medical Records Clerk  
Center Phone Number  
Tax Id #