

[Your Name]
[Street Address]
[City, ST ZIP Code]
[Date]

[Doctor Name]
[Medical Practice or Hospital Name]
[Street Address]
[City, ST ZIP Code]

Re: Second request for release of medical records for [Your Name], DOB: [date of birth], SSN: [Social Security Number]

Dear [Doctor Name]:

On [input type="text"], I sent you a written request asking for copies of my medical records related to treatment for [medical condition(s)] rendered by you or under your supervision from [input type="text"] through [input type="text"] here to select a date]. Since then, [number] days have passed and I have not yet received these records.

I am hereby making a second request that you send me these records immediately. I remind you that under the laws of this state, Statute #[number], you are legally obligated to provide copies of my medical records upon my request.

If I have not received the records by [input type="text"], I will have no choice but to retain an attorney to obtain my medical records for me. By law, you will then be liable for the attorney fees that I incur. I trust that this step will not be necessary.

Please mail the information to:

[Recipient Name]
[Street Address]
[City, ST ZIP Code]

As noted in my first request, I will be glad to pay for costs associated with providing me copies of my records.

Sincerely,

[Doctor Name]

[Date]

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[Your Name]