Request for a copy of my medical records

Sender

Full name

Full address

Telephone

E-mail address

Patient's date of birth

Patient or file number

Recipient

Name of recipient or department

Recipient's address

Department or doctor concerned

Place

Date

Subject: request for a copy of my medical records

Dear Sir or Madam,

Please send me a copy of the medical records your establishment holds about me, as specified below. I enclose a copy of my identity document so that you can check my request.

Period and purpose

Period concerned: from

to

Purpose of the request

Documents requested

- ☐ Consultation, hospital stay or operation reports
- ☐ Imaging and their reports
- ☐ Test results
- ☐ Prescriptions and treatments prescribed

How I would like to receive them

- ☐ Sent by post to my address
- ☐ Collected in person against my identity document
- ☐ Sent by a secure electronic method
- ☐ Copy of my identity document enclosed

Reply wanted by

Please tell me about any copying or postage charges before processing my request, and about any further steps I must take. The data requested is personal: please send it securely.

Yours faithfully,

Enclosures

Signature

Name in full

How it is sent

- ☐ Registered letter with proof of delivery (or equivalent)
- ☐ Delivered by hand against a signed receipt
- ☐ Other method