

## Sample Letter

Date

Name of Doctor, Hospital or Records Custodian  
Address  
City and State

Re: Patient name: (your mother's name, including her maiden name)  
Date of Birth: (her date of birth)  
Soc. Sec. No.: (her social security number)  
Date of Treatment: (dates of her pregnancy treatment for doctor's records or dates of hospital stays for hospital or labor and delivery records)

Dear <name> :

I am the (daughter/son) of (Mother's name), a former patient of yours. Please provide the undersigned with a complete copy of (Mother's name)'s entire file, including all physician and nursing notes, operative reports, orders, lab results, x-ray reports, correspondence and insurance information. I would appreciate receiving these records as soon as possible, and I enclose a signed authorization allowing their release. Any reasonable copy charges (less than \$35) will be promptly paid; however, should the costs exceed that amount, I would appreciate a call first at (Your Phone Number). If you have any questions or require any additional information, please feel free to contact me.

Sincerely,

Your Name and Address

**AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS**

TO: Insert Name and Address of Hospital or Physician's Office

This authorizes physicians, hospitals, and all medical providers to furnish full and complete medical records and reports and any other information hereby requested by the undersigned to:

**(Your Name)** \_\_\_\_\_

**(Your Address)** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
PATIENT (Mom's name)

Soc. Sec. #: