[Your Name]
[Your Address]
[City, State, ZIP Code]
[Email Address]
[Date]

Medical Records Department
[Hospital Name]
[Hospital Address]
[City, State, ZIP Code]

To Whom It May Concern,

I am writing to request a PDF copy of all my medical records from [insert dates of visits]. This should include everything from the doctor's orders to test results and discharge summaries.

Please send the requested records to my email address at [insert email address] or mail them to my physical address at [insert physical address].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]
[Your Phone Number]
[Your Email Address]