

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

RE: Referral to [Specialist Name/Clinic Name]

Dear [Patient Name],

We are writing to follow up on your recent referral to [Specialist Name]. To complete this referral and ensure your medical history is shared securely with the specialist's office, we require a signed Medical Records Release Form.

Our records indicate that we have not yet received your signed authorization. Without this signature, we are legally unable to transfer your clinical notes, test results, or diagnostic images to the specialist, which may result in the delay or cancellation of your appointment.

Please complete one of the following actions:

- Sign the attached Medical Records Release Form and return it to our office via mail or fax at [Fax Number].
- Visit our patient portal at [Link] to sign the authorization electronically.
- Stop by our front desk during office hours to sign the form in person.

If you have already submitted this form or have decided not to move forward with this specialist, please notify our office at [Phone Number] so we may update your file.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name/Department Name]

[Clinic/Practice Name]

[Phone Number]