

URGENT: MEDICAL RECORDS REQUEST FOR CONTINUITY OF CARE

Date: [Insert Date]

To:

[Name of Facility/Doctor]

[Address]

[Phone/Fax Number]

Patient Information:

Name: [Patient Full Name]

Date of Birth: [MM/DD/YYYY]

Patient ID/SSN: [Optional/Last 4 digits]

Dear Records Department,

I am writing to formally request an urgent transfer of my medical records to ensure continuity of care. I have an upcoming appointment/procedure scheduled on **[Date]** with **[New Provider Name]**.

Please provide the following records:

All records from [Start Date] to [End Date]

Most recent Office Visit Notes / Summary

Laboratory and Pathology Reports

Imaging Reports (X-ray, MRI, CT)

Immunization Records

Medication List and Allergy List

Please deliver the records via:

Fax to: [Fax Number]

Secure Email: [Email Address]

Patient Pickup

I authorize the release of these records for the purpose of further medical treatment. Please expedite this request to avoid any delays in my clinical management.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Phone Number]