

Date: [Current Date]

To: [Name of Current Clinic/Facility]

Address: [Clinic Address]

Phone/Fax: [Clinic Phone/Fax Number]

RE: EXPEDITED MEDICAL RECORD TRANSFER

Patient Name: [Patient Full Name]

Date of Birth: [Patient Date of Birth]

Patient ID/SSN (if applicable): [ID Number]

Dear Medical Records Department,

I am writing to formally request the immediate and expedited transfer of my complete medical charts to my new healthcare provider. Due to an upcoming appointment on **[Date of Appointment]**, it is critical that these records are received prior to that time to ensure continuity of care.

Please include the following records from [Start Date] to [End Date]:

- Physician notes and consultation reports
- Lab results and pathology reports
- Imaging reports (X-ray, MRI, CT)
- Immunization records
- Current medication list and allergy information

Please send these records to:

Provider Name: [New Doctor/Clinic Name]

Address: [New Clinic Address]

Secure Fax: [New Clinic Fax Number]

Email (if applicable): [New Clinic Email]

I have attached a signed Authorization for Release of Information form. If there are any fees associated with this expedited request, please contact me immediately at [Your Phone Number].

Thank you for your prompt attention to this matter.

Sincerely,

[Patient or Legal Representative Signature]

[Printed Name]