

**Date:** [Insert Date]

**To:** [Name of Custodian of Records]  
[Name of Healthcare Facility/Clinic]  
[Address]  
[City, State, Zip Code]

**RE: Immediate Clinical Records Request for Ongoing Treatment**

**Patient Name:** [Patient Full Name]  
**Date of Birth:** [Patient Date of Birth]  
**Patient ID/SSN (if applicable):** [Patient ID Number]

Dear Records Department,

I am writing to formally request an immediate copy of the clinical records for the patient mentioned above. These records are required urgently for **ongoing medical treatment** and a scheduled consultation with a new provider on [Date of Appointment].

Please provide the following documents from the period of [Start Date] to [End Date/Present]:

- Progress Notes and Clinical Summaries
- Diagnostic Test Results (Imaging, Lab reports, etc.)
- Current Medication List and Allergy Profile
- Treatment Plans and Discharge Summaries

Due to the continuity of care requirements, please transmit these records via [Secure Email/Fax/Patient Portal] to the following healthcare provider:

**Receiving Provider Name:** [Name of New Doctor/Facility]  
**Fax Number:** [Fax Number]  
**Email Address:** [Email Address]

I have attached a signed HIPAA-compliant authorization form allowing the release of these records. As these records are being sent directly to another healthcare provider for continuing care, I request that any applicable search or duplication fees be waived or minimized in accordance with [State/Federal] law.

Please confirm receipt of this request and provide an estimated time for delivery. Thank you for your prompt assistance in ensuring the continuity of my medical care.

Sincerely,

[Your Signature]  
[Your Printed Name]

[Your Phone Number]  
[Your Email Address]