

URGENT: REQUEST FOR CONTINUITY OF CARE DOCUMENTATION

Date: [Insert Date]

To: [Recipient Name/Facility Name]

Department: [Department Name, e.g., Medical Records]

Fax/Email: [Insert Fax Number or Email Address]

RE: Patient Information

Patient Name: [Patient Full Name]

Date of Birth: [MM/DD/YYYY]

Patient ID/SSN: [Insert ID if applicable]

Dear Records Department,

This is an urgent request for the immediate transfer of medical records for the above-named patient. The patient is currently under my care, and these records are required for **urgent continuity of care** and upcoming clinical decision-making scheduled for [Date of Appointment/Procedure].

Please provide the following documentation from [Start Date] to [End Date]:

- Most recent History and Physical (H&P)
- Latest Consultation Reports and Progress Notes
- Diagnostic Imaging Reports (MRI, CT, X-Ray)
- Recent Laboratory Results
- Current Medication List and Allergy Profile
- Discharge Summary (if applicable)

Please transmit these records via secure fax to [**Your Fax Number**] or via secure electronic portal to [**Your Email/Link**] as soon as possible.

If there are any issues fulfilling this request or if additional authorization is required, please contact our office immediately at [Your Phone Number].

Thank you for your prompt assistance in ensuring the safety and continuity of this patient's treatment.

Sincerely,

[Your Name/Signature]

[Your Title/Credentials]

[Facility/Clinic Name]

[Contact Phone Number]