

[Your Name]
[Your Date of Birth]
[Your Phone Number]
[Your Address]

[Date]

[Name of Doctor or Facility Holding Records]
[Address of Facility]

RE: Request for Medical Records for Specialist Referral

To the Medical Records Department,

I am writing to formally request a copy of my medical records. I have been referred to a specialist, [Name of Specialist], and these records are required for my upcoming consultation on [Date of Appointment].

Please provide the following information from the period of [Start Date] to [End Date]:

- Progress notes and clinical summaries
- Laboratory and pathology test results
- Radiology reports and imaging (on CD or digital transfer if possible)
- Current medication list and immunization records

Please forward these records directly to the specialist at the address below:

[Specialist Name]
[Specialist Clinic Name]
[Specialist Address]
[Specialist Fax/Email if applicable]

I have attached a signed release of information form as required. Please notify me if there are any fees associated with this request or if you require further documentation.

Thank you for your prompt assistance.

Sincerely,

[Your Signature]

[Your Printed Name]