

[Your Name]
[Your Address]
[Your Phone Number]
[Your Email]

[Date]

[Medical Records Department / Provider Name]
[Facility Name]
[Facility Address]

RE: URGENT MEDICAL RECORDS REQUEST

Patient Name: [Patient Full Name]
Date of Birth: [MM/DD/YYYY]
Patient ID/Account Number: [If known]

To Whom It May Concern,

I am writing to formally request the **urgent** release of my diagnostic imaging and laboratory results from [Date Range]. This request is time-sensitive due to an upcoming specialist consultation scheduled for [Date].

Please provide copies of the following:

- Imaging Reports (MRI, CT, X-Ray, Ultrasound)
- Actual Imaging Files (on CD or digital transfer if available)
- Laboratory Bloodwork and Pathology Results
- Physician Notes related to these tests

I request that these records be sent via [Fax/Email/Secure Portal/Pickup] to:

[Recipient Name/Doctor]
[Fax Number/Email Address]

Please contact me immediately at [Phone Number] if there are any authorization forms I need to sign or if there are fees associated with this urgent request. Thank you for your prompt assistance in ensuring the continuity of my medical care.

Sincerely,

[Your Signature]

[Your Printed Name]