**Date:** [Date]

**To:** [Primary Care Physician or Facility Name]
**Address:** [Facility Address]
**Phone/Fax:** [Facility Phone/Fax Number]

**RE: Patient Medical Records Request**
**Patient Name:** [Patient Full Name]
**Date of Birth:** [Date of Birth]
**Social Security Number:** [Last 4 Digits - Optional]

Dear Records Department,

I am writing to formally request a copy of my medical records to be sent to my Cardiology Specialist for an upcoming consultation. Please provide the following documentation:

- Recent Progress Notes
- Latest Electrocardiogram (EKG/ECG)
- Echocardiogram Reports and Images
- Stress Test Results
- Recent Laboratory/Blood Work Results
- Current Medication List
- Imaging Reports (Chest X-ray, CT, or Cardiac MRI)

Please forward these records to the following specialist:

**Cardiologist Name:** [Doctor's Name]
**Practice Name:** [Office Name]
**Address:** [Office Address]
**Fax Number:** [Office Fax Number]

I have attached a signed authorization form for the release of these protected health information (PHI) records. If there are any fees associated with this request, please notify me in advance. I would appreciate these records being delivered by [Date of Consultation].

Thank you for your prompt assistance.

Sincerely,

[Patient Signature]
[Patient Printed Name]
[Patient Phone Number]