Date: [Date]

To: [Name of Pediatrician/Practice Name]
Address: [Clinic Address]
Fax/Email: [Clinic Fax or Email]

RE: Patient Medical Records Request

Patient Name: [Child's Full Name]
Date of Birth: [Child's Date of Birth]
Parent/Guardian Name: [Your Name]

Dear Medical Records Department,

I am writing to request a copy of the medical records for the patient listed above. These records are needed for an upcoming consultation with a pediatric specialist.

Please provide the following records:

- Growth charts and immunization records
- Most recent well-child visit notes
- Relevant lab results and imaging reports from the last [Number] months/years
- Referral notes and current medication list
- [Optional: Specify any other specific tests or reports]

Please deliver these records via:

[ ] Secure Email to: [Email Address]
[ ] Fax to: [Specialist's Name and Fax Number]
[ ] Physical Mail to: [Mailing Address]

I have attached a signed HIPAA authorization form to this request. Please let me know if there are any fees associated with this request or if you require further information.

Thank you for your prompt assistance in coordinating my child's care.

Sincerely,

[Your Signature]

[Your Printed Name]
[Your Phone Number]