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

[Date]

[Previous Doctor/Facility Name]
[Address]
[City, State, Zip Code]

RE: REQUEST FOR MEDICAL RECORDS FOR ORTHOPEDIC CONSULTATION

Patient Name: [Full Name]
Date of Birth: [MM/DD/YYYY]
Social Security Number/Patient ID: [Optional/Last 4 Digits]

To the Medical Records Department,

I am writing to formally request a copy of my medical records for an upcoming consultation with an orthopedic specialist. Please provide the following information regarding my orthopedic history and musculoskeletal health:

- Office visit notes and consultation reports
- Radiology reports (X-rays, MRI, CT scans, Bone Scans)
- Actual imaging files on a CD or via digital transfer link
- Operative reports and post-operative notes (if applicable)
- Physical therapy or rehabilitation progress notes
- Laboratory test results

Please forward these records to the following specialist:

[Orthopedic Specialist Name]
[Clinic/Hospital Name]
[Address]
[Phone/Fax Number]

I would like these records to be sent by [Date] to ensure they are available for my scheduled appointment. Please contact me if there are any authorization forms I need to sign or if there are fees associated with this request.

Thank you for your assistance.

Sincerely,

[Your Signature]

[Your Printed Name]