Date: [Date]
To: [Name of Facility/Provider]
Address: [Address of Facility/Provider]
Fax/Email: [Fax Number or Email Address]

RE: Request for Medical Records
Patient Name: [Patient Full Name]
Date of Birth: [Patient Date of Birth]
Patient ID/SSN: [Optional ID Number]

To Whom It May Concern,

I am writing to formally request a copy of my medical records for the purpose of a specialist consultation with a neurologist. Please provide the following documentation:

- Physician consultation notes and progress reports
- Imaging reports (MRI, CT, PET scans) and associated digital images (DICOM format)
- Electroencephalogram (EEG) or Electromyography (EMG) results
- Laboratory/Bloodwork results from the last 12 months
- Current medication list and allergy profile

Please deliver these records via [Secure Email/Fax/Mail] to the following address:

Neurologist Name: [Doctor's Name]
Clinic Name: [Clinic/Hospital Name]
Address: [Clinic Address]
Fax Number: [Clinic Fax Number]

I have attached a signed HIPAA authorization form for the release of these records. If there are any fees associated with this request, please contact me at [Your Phone Number] prior to processing.

Thank you for your prompt assistance with this matter.

Sincerely,

[Your Signature]
[Your Printed Name]