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

[Date]

[Doctor's Name or Medical Facility Name]
[Department, if applicable]
[Facility Address]

RE: Request for Medical Records for Second Opinion

Patient Name: [Your Full Name / Patient's 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 a copy of my medical records for the purpose of obtaining a second opinion consultation with a specialist.

Please provide a complete set of my medical records, including but not limited to:

- Clinical notes and office visit summaries
- Diagnostic test results (blood work, pathology, etc.)
- Imaging reports and actual films/digital copies (X-ray, MRI, CT, etc.)
- Current treatment plans and medication lists
- Referral letters or surgical reports

Please forward these records to the following specialist's office:

[Specialist Name]
[Facility/Clinic Name]
[Address]
[Phone/Fax Number]

Alternatively, if the records are available in digital format, please provide them via [secure email / patient portal / USB drive].

I understand that there may be a reasonable fee for copying and mailing these records. Please notify me in advance of any costs associated with this request. I would appreciate it if these records could be transferred by [Target Date] to ensure they are available for my scheduled appointment.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]
[Your Printed Name]