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

[Date]

[Name of Specialist or Practice]
[Specialist Address]
[City, State, Zip Code]

RE: Request for Medical Records for Follow-Up Consultation

To the Medical Records Department,

I am writing to formally request a copy of my medical records for an upcoming follow-up consultation. I was seen by [Doctor's Name] at your facility on [Date of Visit].

Please provide the following records:

- Consultation notes and clinical summaries
- Laboratory test results
- Imaging reports (X-ray, MRI, CT, etc.)
- Prescription history
- Pathology reports (if applicable)

Please send these records via [Email Address / Fax Number / Mailing Address] so that they are available prior to my appointment on [Date of Follow-Up].

I have attached a signed HIPAA authorization form for the release of these records. If there are any fees associated with this request, please notify me in advance.

Thank you for your assistance.

Sincerely,

[Your Signature]

[Your Printed Name]
[Date of Birth]
[Patient ID Number, if known]