

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

[Date]

[Recipient Doctor Name]  
[Recipient Clinic/Department]  
[Recipient Address]

**RE: Request for Medical Records / Neurological Examination Results**

Patient Name: [Patient Full Name]  
Date of Birth: [Patient DOB]  
Patient ID/Reference: [Patient ID Number]

Dear Dr. [Recipient Last Name],

I am writing to request a copy of the neurological examination results and any associated diagnostic reports for the above-mentioned patient, who was recently evaluated at your facility on [Date of Exam].

Specifically, please provide the following:

- Clinical examination findings and consultation notes
- Imaging reports (MRI, CT, PET scans)
- Electrophysiological studies (EEG, EMG, Nerve Conduction Studies)
- Laboratory results relevant to the neurological workup

This information is necessary for the ongoing management and continuity of care for this patient. A signed patient authorization for the release of these records is attached to this request.

Please send the records via secure fax to [Fax Number] or via secure email to [Email Address].

Thank you for your prompt assistance and for your collaboration in this patient's care.

Sincerely,

[Your Signature]

[Your Printed Name]  
[Your Credentials/Specialty]