

Date: [Insert Date]

To: Radiology Department / Medical Records

Facility Name: [Insert Facility Name]

Address: [Insert Facility Address]

RE: REQUEST FOR RADIOLOGY REPORTS AND IMAGES

Patient Name: [Insert Patient Full Name]

Date of Birth: [Insert Date of Birth]

Patient ID/MRN: [Insert ID Number, if known]

Dear Health Information Management Team,

I am writing to request a formal specialist consult regarding the radiological studies performed for the above-named patient at your facility.

Please provide copies of the formal written reports and the original digital images (DICOM format via CD or secure cloud link) for the following examinations:

- **Type of Study:** [e.g., MRI Brain, CT Abdomen]
- **Date of Study:** [Insert Date]
- **Accession Number:** [If known]

These records are required for a specialist consultation scheduled on [Date of Appointment]. Please send the requested documentation to:

Recipient Doctor/Specialist: [Insert Doctor Name]

Clinic/Hospital Name: [Insert Clinic Name]

Fax Number: [Insert Fax Number]

Email/Portal: [Insert Email or Upload Link]

A signed patient authorization for the release of protected health information is attached to this request.

Thank you for your prompt assistance with this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Phone Number]