

[Your Clinic/Facility Name]
[Your Address]
[City, State, Zip Code]
[Phone Number]
[Fax Number]

[Date]

[Recipient Physician Name]
[Recipient Clinic Name]
[Recipient Address]
[City, State, Zip Code]

RE: SECOND REQUEST - FOLLOW-UP ON OVERDUE MEDICAL RECORDS

Patient Name: [Patient Full Name]
Date of Birth: [MM/DD/YYYY]
Social Security Number (Optional): [XXX-XX-XXXX]

Dear Dr. [Recipient Last Name],

We are writing as a follow-up to our initial request sent on [Date of Original Request] regarding the medical records for the above-referenced patient. As of today, we have not yet received the documentation required for the continued care of this patient.

Please provide the following records from [Start Date] to [End Date]:

- Office Visit Notes / Progress Notes
- Diagnostic Test Results (Labs, Imaging, Pathology)
- Discharge Summaries
- Immunization Records
- Current Medication List

These records are essential for [Reason, e.g., an upcoming appointment on Date / Continuity of Care].

Attached is the patient-signed HIPAA Authorization for the release of information. Please fax the requested documents to **[Your Fax Number]** or mail them to the address listed above.

If the records have already been sent, please disregard this notice. If there are any issues fulfilling this request, please contact our office at [Your Phone Number].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Title/Role]

Enclosure: Signed Patient Authorization