

**Date:** [Date]

**To:** [Recipient Name/Medical Records Department]

**Facility Name:** [Facility Name]

**Address:** [Facility Address]

**RE: SECOND REQUEST FOR MEDICAL RECORDS**

**Patient Name:** [Patient Full Name]

**Date of Birth:** [Patient DOB]

**Patient ID/SSN:** [ID Number, if applicable]

Dear Health Information Management Team,

I am writing to follow up on a formal request for medical records submitted on [Original Request Date]. As of today, I have not yet received the requested documentation.

These records are essential for the **continuity of care** for the aforementioned patient. A scheduled appointment with a specialist is occurring on [Appointment Date], and the lack of these records may lead to a delay in diagnosis or a disruption in the treatment plan.

Please provide the following outstanding documents immediately:

- [Document Type 1, e.g., Discharge Summary]
- [Document Type 2, e.g., Lab Results from Date Range]
- [Document Type 3, e.g., Imaging Reports]

You may transmit these records via the following secure method:

**Fax:** [Fax Number]

**Secure Email/Portal:** [Email Address/URL]

If there is a specific reason for this delay or if additional authorization is required, please contact my office immediately at [Phone Number].

Thank you for your prompt attention to this urgent clinical matter.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Title/Organization]