

**Date:** [Insert Date]

**To:** [Name of Referring Provider/Facility]

**Department:** [Department Name]

**Address:** [Facility Address]

**RE: Request for Medical Records**

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

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

**Date of Appointment:** [Scheduled Appointment Date]

Dear [Provider Name or Medical Records Department],

We are writing to follow up on a request for the medical records of the above-named patient, who is scheduled for a consultation at our clinic. As of today, we have not yet received the necessary documentation.

To provide the best possible care, please forward the following information as soon as possible:

- Recent consultation notes
- Diagnostic imaging reports (X-ray, MRI, CT)
- Pathology and laboratory results
- Current medication list

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

If the records have already been sent, please disregard this notice. If you have any questions, please contact our office at [Phone Number].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name/Name of Specialist]

[Clinic Name]

[Phone Number]