

[Your Name]
[Your Address]
[Your Phone Number]
[Your Email Address]
[Date]

[Current Doctor's Name or Clinic Name]
[Clinic Address]
[City, State, Zip Code]

RE: Request for Medical Records for Second Opinion

To Whom It May Concern,

I am writing to formally request a copy of my medical records for the purpose of seeking a second opinion. I am currently a patient under the care of [Doctor's Name].

Please provide the following records for the period of [Date Range] to [Date Range]:

- Office visit notes and consultation reports
- Diagnostic imaging results (X-rays, MRI, CT scans)
- Laboratory and blood work results
- Current treatment plans and medication lists
- Pathology reports (if applicable)

Please send these records directly to the following provider:

[Second Opinion Doctor Name]
[Facility Name]
[Facility Address]
[City, State, Zip Code]
[Fax Number/Email if applicable]

If there are any fees associated with this request, or if a specific authorization form is required, please notify me at your earliest convenience. I have attached a signed release form if required by your office policy.

Thank you for your assistance in this matter.

Sincerely,

[Signature]
[Printed Name]
Date of Birth: [Your DOB]
Patient ID: [Your Patient ID, if known]