

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

[Date]

[Doctor's Name or Medical Records Department]  
[Facility Name]  
[Facility Address]

RE: Request for Clinical Summary for [Patient Name]  
Date of Birth: [Patient Date of Birth]  
Patient ID/Account Number: [Optional]

Dear [Doctor Name or Medical Records Manager],

I am writing to formally request a comprehensive clinical summary of my medical records. I am currently seeking a second opinion regarding my diagnosis and treatment plan for [mention condition, e.g., chronic back pain].

Please provide a summary that includes the following information:

- Current diagnoses and clinical assessment
- Summary of medical history related to this condition
- Current medications and dosage
- Recent laboratory results and diagnostic imaging reports
- Proposed or ongoing treatment plan

Please let me know if there are specific authorization forms I need to sign or if there are any administrative fees associated with this request. I would prefer to receive these documents via [secure email / fax / mail] at the contact information listed above.

Thank you for your assistance in ensuring a smooth transition of care and helping me make informed decisions about my health.

Sincerely,

[Your Signature]

[Your Printed Name]