

Date: [Insert Date]

To: [Name of Facility/Doctor]

Department: [e.g., Medical Records/HIM]

Address: [Insert Address]

RE: URGENT MEDICAL RECORD REQUEST

Patient Information:

Name: [Full Name]

Date of Birth: [MM/DD/YYYY]

Social Security Number: [Last 4 Digits - Optional]

Phone Number: [Your Phone Number]

To Whom It May Concern,

I am writing to formally request an urgent copy of the medical records for the patient listed above. These records are needed immediately for **[Reason for Urgency, e.g., upcoming surgery on Date, emergency consultation, or legal deadline]**.

Please provide the following documents from the period of [Start Date] to [End Date]:

- Discharge Summary
- Operative Reports
- Lab and Imaging Results
- Progress Notes
- [List any other specific records]

I request that these records be delivered via [Email/Fax/Secure Portal] to ensure timely receipt. Please send them to:

Recipient Name: [Name]

Fax Number: [Fax Number]

Email Address: [Email Address]

I have attached a signed HIPAA Authorization form for the release of these records. If there are any fees associated with this request, please contact me immediately so I can provide payment.

Thank you for your prompt attention to this urgent matter.

Sincerely,

[Your Signature]

[Your Printed Name]

[Relationship to Patient, if applicable]