

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

[Date]

[Medical Records Department Name]
[Hospital or Clinic Name]
[Hospital Address]

RE: Request for Pathology Reports and Materials for Second Opinion

Patient Name: [Patient Full Name]
Date of Birth: [Patient Date of Birth]
Medical Record Number: [MRN if known]

To whom it may concern,

I am writing to formally request a complete copy of my pathology reports and associated materials for the purpose of obtaining a second opinion. Specifically, I am requesting the following:

- Full diagnostic pathology reports for the procedure performed on [Date of Procedure].
- Original pathology slides (glass slides).
- Relevant paraffin blocks (if required by the receiving institution).
- Any associated immunohistochemistry (IHC) or molecular testing results.

Please forward these materials to the following physician/institution:

[Name of Second Opinion Physician]
[Institution Name]
[Department Name]
[Full Address]
[Phone Number]

I have attached a signed medical release authorization form to this request. Please let me know if there are any administrative fees associated with this transfer so that I may provide payment immediately.

Thank you for your prompt assistance in this matter.

Sincerely,

[Your Signature]

[Your Printed Name]