

Date: [Date]

[Recipient Name/Medical Records Department]

[Clinic/Hospital Name]

[Address]

[City, State, Zip Code]

RE: Request for Rheumatology Medical Records

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Patient ID/SSN: [Optional ID Number]

To Whom It May Concern,

I am writing to formally request a complete copy of the rheumatology medical records for the above-named patient. These records are required for a specialist consultation and ongoing clinical management.

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

- Initial consultation notes and follow-up clinical summaries
- Laboratory test results (including ANA, RF, ESR, CRP, and anti-CCP)
- Radiology reports and imaging (X-rays, MRI, Ultrasound)
- Current and previous medication lists (including Biologics or DMARDs)
- Infusion or injection logs

A signed patient authorization for the release of information is attached to this request.

Please send the records via:

Secure Fax: [Fax Number]

Secure Email: [Email Address]

Mail: [Mailing Address]

If there are any fees associated with this request, or if you require further information, please contact our office at [Phone Number].

Thank you for your prompt assistance with this matter.

Sincerely,

[Your Name/Doctor's Name]

[Your Title/Practice Name]

[Phone Number]