Date: [Date]

To: [Name of Doctor or Facility]
Department: Medical Records Department
Address: [Street Address]
City, State, Zip: [City, State, Zip Code]

RE: Medical Record Request for Out-of-State Consultation

Patient Name: [Patient Full Name]
Date of Birth: [MM/DD/YYYY]
Patient ID/Account Number: [Number if known]

To Whom It May Concern,

I am writing to request a formal copy of my medical records to be sent to an out-of-state specialist for a consultation scheduled on [Date of Appointment].

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

- Office visit notes and consultation reports
- Diagnostic imaging reports (MRI, CT, X-ray)
- Laboratory and pathology results
- Current medication list and treatment plans
- [List any other specific records needed]

Please deliver these records via the following method:

Recipient Specialist Name: [Specialist Name]
Facility Name: [Clinic/Hospital Name]
Secure Fax: [Fax Number]
Email/Portal: [Email Address if applicable]
Mailing Address: [Street Address, City, State, Zip]

I have attached a signed HIPAA Authorization for Release of Health Information form to this request. If there are any duplication fees associated with this request, please notify me in advance.

Thank you for your prompt assistance in ensuring my records are available for this consultation.

Sincerely,

[Signature]
[Printed Name]
[Phone Number]
[Email Address]