

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

[Date]

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

RE: Formal Request for Surgical Records  
Patient Name: [Patient Full Name]  
Date of Birth: [Patient Date of Birth]  
Patient ID/Medical Record Number: [If known]

To the Records Manager,

I am writing to formally request a complete copy of the surgical history and operative notes for the aforementioned patient. Specifically, I am requesting records pertaining to the procedure performed on [Date of Surgery] by [Name of Surgeon, if known].

Please include the following documentation in the disclosure:

- Operative Reports/Notes
- Pre-operative Assessment and History
- Post-operative Summary and Discharge Instructions
- Anesthesia Records
- Pathology Reports (if applicable)
- Imaging Reports related to the surgery

Attached to this letter is the signed HIPAA Authorization/Release of Information form granting permission for the release of these records to [Your Name / Name of Receiving Physician].

Please deliver these records via [Email/Secure Portal/Physical Mail]. If there are any fees associated with this request, please notify me in advance.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]