

## **URGENT: CONTINUITY OF CARE REQUEST**

Date: [Date]

### **TO:**

[Name of Surgeon/Physician]

[Name of Facility/Clinic]

[Address]

[Phone/Fax Number]

### **RE: Patient Records Request**

Patient Name: [Patient Full Name]

Date of Birth: [MM/DD/YYYY]

Date of Procedure: [Date of Surgery]

To Whom It May Concern,

I am writing to formally request the immediate release of medical records for the above-named patient. This request is marked as **URGENT** to ensure the continuity of care and safety for a scheduled follow-up or subsequent procedure on [Date of Upcoming Appointment].

Please provide copies of the following documents:

- Full Operative Report(s)
- Post-Operative Summary
- Pathology Reports (if applicable)
- Discharge Summary
- Anesthesia Records

Please deliver these records via [Fax Number / Secure Email / Physical Address] by [Deadline Date/Time].

If there are any administrative requirements or forms needed to expedite this process, please contact our office immediately at [Your Phone Number].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Title/Organization]

[Your Contact Information]