

Date: [Insert Date]

To: [Surgeon Name or Medical Records Department]

Facility Name: [Insert Hospital/Clinic Name]

Address: [Insert Address]

Subject: Request for Surgical Notes and Operative Report

Patient Name: [Insert Patient Full Name]

Date of Birth: [Insert Date of Birth]

Date of Procedure: [Insert Date of Surgery]

Procedure Type: [Insert Name of Procedure]

Dear [Recipient Name],

I am writing to formally request a complete copy of the surgical notes and the detailed operative report for the procedure performed on the date mentioned above.

Please include the following documentation in the records:

- Pre-operative diagnosis
- Post-operative diagnosis
- Detailed description of the surgical procedure
- Findings during the surgery
- Anesthesia records
- Pathology reports (if applicable)

I am requesting these records for my personal health files and for the purpose of ongoing follow-up care with my primary healthcare provider. Please let me know if there are any specific forms I need to sign or fees associated with this request.

You may send the documents via [Email Address/Mailing Address].

Thank you for your assistance in this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Phone Number]