

[Date]

[Recipient Physician Name]

[Clinic/Hospital Name]

[Address Line 1]

[City, State, Zip Code]

**RE: Request for Operative Summaries**

**Patient Name:** [Patient Full Name]

**Date of Birth:** [DOB]

**Patient ID/MRN:** [ID Number]

Dear Dr. [Recipient Last Name],

The above-named patient has been referred to my office for a consultation regarding [Current Medical Condition/Reason for Consultation].

To assist in providing a comprehensive evaluation and determining the most appropriate management plan, I would appreciate receiving copies of the operative summaries and pathology reports for the following procedures performed under your care:

- [Procedure Name] - [Approximate Date]
- [Procedure Name] - [Approximate Date]

Please forward these documents to my office via fax at [Fax Number] or via secure email at [Email Address].

Thank you for your assistance and for your collaboration in this patient's care.

Sincerely,

[Your Signature]

[Your Name, MD/Specialty]

[Your Clinic Name]

[Your Phone Number]