

Date: [Date]

To: [Hospital Name]

Department: Health Information Management / Medical Records

Fax/Address: [Fax Number or Address]

RE: Request for Inpatient Surgical Records

Patient Name: [Patient Full Name]

Date of Birth: [Patient DOB]

Date of Service/Admission: [Date of Surgery]

To Whom It May Concern,

Our office is currently providing follow-up care for the above-referenced patient. We are requesting a copy of the following records regarding their recent inpatient surgical stay:

- Discharge Summary
- Operative Report
- Anesthesia Records
- Pathology Reports (if applicable)
- Consultation Reports
- Imaging/Radiology Results

Please fax these documents to our office at [**Your Fax Number**] or mail them to the address listed below. If there are any forms required to process this request, please notify us immediately.

Thank you for your assistance in ensuring the continuity of care for this patient.

Sincerely,

[Doctor's Name/Signature]

[Practice Name]

[Phone Number]

[Mailing Address]