

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

[Date]

[Recipient Name or Medical Records Department]
[Doctor or Clinic Name]
[Address]

RE: Request for Operative Notes - [Your Full Name] (DOB: [Your Date of Birth])

To Whom It May Concern,

I am writing to formally request a copy of the operative notes and anesthesia records for the procedure performed on [Date of Procedure] at [Name of Hospital/Facility].

I am currently seeking a second opinion evaluation regarding my ongoing care, and the consulting physician requires the full surgical report to provide an accurate assessment. Please include any pathology reports or intraoperative imaging associated with this procedure if applicable.

Please let me know if there are specific authorization forms I need to sign or if there is a fee for processing this request. You may send the records via:

- **Email/Secure Portal:** [Your Email Address]
- **Mail:** [Your Mailing Address]

I would appreciate the delivery of these records by [Desired Date] to ensure they are available for my upcoming appointment.

Thank you for your assistance.

Sincerely,

[Your Signature]

[Your Printed Name]