

Date: [Date]

To: [Hospital/Facility Name]

Department: Medical Records / Health Information Management

Fax/Email: [Fax Number or Email Address]

RE: Request for Specific Procedural Operative Notes

Patient Name: [Patient Full Name]

Date of Birth: [Patient DOB]

Social Security Number: [Last 4 Digits - Optional]

Date of Service: [Date of Procedure]

To Whom It May Concern,

Our office is currently providing follow-up care for the above-referenced patient. To ensure continuity of care and appropriate clinical management, we are requesting a copy of the **Operative Note** for the procedure performed by **Dr. [Surgeon Name]** on **[Date of Surgery]**.

Please include the following specific documents:

- Operative Report / Procedure Description
- Pathology Reports (if applicable)
- Implant Logs (if applicable)
- Discharge Summary

Please fax these records to our specialty clinic at **[Your Fax Number]** or secure email them to **[Your Email Address]**. If there are any issues processing this request, please contact our office at **[Your Phone Number]**.

Thank you for your prompt assistance in this matter.

Sincerely,

[Your Name/Title]

[Clinic Name]

[Clinic Address]

Confidentiality Notice: The information contained in this request is intended only for the use of the individual or entity named above. This message contains health information that is privileged and confidential.