

[Your Name]
[Your Date of Birth]
[Your Phone Number]
[Your Address]

[Date]

[Name of Current Gynecologist or Clinic]
[Clinic Address]
[City, State, Zip Code]

RE: Request for Medical Records for Second Opinion

To the Medical Records Department,

I am writing to formally request a complete copy of my medical records regarding my gynecological care. I am seeking a second opinion and need these documents transferred to ensure a comprehensive evaluation.

Please provide the following records from [Start Date] to [End Date/Present]:

- Physician clinical notes and consultation reports
- Diagnostic imaging results (Ultrasounds, MRI, CT scans)
- Lab results (Blood work, Pap smears, pathology reports)
- Surgical or procedure reports
- Current treatment plans and medications

Please send these records to:

[Name of Second Opinion Doctor/Clinic]
[Clinic Address]
[Clinic Fax Number/Email]

If there is a release form required or any duplication fees, please notify me immediately at [Your Phone Number]. I would appreciate these records being sent within [Number] business days to accommodate my upcoming appointment.

Thank you for your prompt assistance.

Sincerely,

[Your Signature]

[Your Printed Name]