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

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

Subject: Authorization to Release and Forward Medical Records

To Whom It May Concern,

I am writing to formally request a copy of my medical records to be forwarded to a cardiology specialist for continued care.

Please transfer all relevant medical information, including but not limited to:

- Recent office visit summaries and consultation notes
- Diagnostic test results (EKG, ECG, Stress Tests, Echocardiograms)
- Laboratory and blood work results
- Current medication list and allergy information
- Radiology reports and imaging

Please forward these records to the following specialist:

[Specialist Name / Cardiology Clinic Name]
[Clinic Address]
[City, State, Zip Code]
[Phone Number]
[Fax Number (if known)]

I understand that there may be a processing fee for this request. Please contact me if there are any forms I need to sign or if further information is required to complete this transfer.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]
[Your Printed Name]