URGENT: MEDICAL RECORDS TRANSFER REQUEST

Date: [Insert Date]

From:
[Your Full Name]
[Your Date of Birth]
[Your Address]
[Your Phone Number]

To:
[Name of Current Healthcare Provider/Facility]
[Address of Facility]

Subject: Urgent Transfer of Medical Records to Neurology Specialist

Dear Medical Records Department,

I am writing to formally request the immediate transfer of my complete medical records to the neurology specialist listed below. This request is urgent due to an upcoming specialist consultation on [Insert Date of Appointment].

Please include the following documents in the transfer:

- Summary of medical history and diagnoses
- Recent laboratory test results
- Imaging reports and actual discs (MRI, CT scans, EEG)
- Current medication list and clinical notes

Please send the records to:
Specialist Name: [Name of Neurologist]
Facility Name: [Name of Neurology Clinic/Hospital]
Address: [Full Address of Clinic]
Fax Number: [Clinic Fax Number]
Email: [Clinic Email, if applicable]

I authorize the release of my protected health information to the provider named above for the purpose of ongoing medical treatment. Please notify me immediately if there are any forms I need to sign or fees I need to pay to ensure these records are sent before my appointment.

Thank you for your prompt attention to this urgent matter.

Sincerely,

[Your Signature]

[Your Printed Name]