[Date]

[Recipient Name]
[Recipient Title/Specialty]
[Clinic or Hospital Name]
[Address]
[City, State, Zip Code]

RE: Forwarding of Patient Medical Records

Patient Name: [Patient Full Name]
Date of Birth: [DOB]
Patient ID/Account Number: [ID Number]

Dear [Recipient Last Name],

This letter is to formally refer the above-mentioned patient to your care for [reason for referral/specialized consultation].

To assist with your evaluation, please find the following medical records enclosed/attached:

- Patient medical history and summary
- Recent laboratory test results
- Imaging reports (X-ray, MRI, CT scan)
- Current medication list
- Immunization records

The patient has provided the necessary authorization to release these records for the purpose of continuing care.

If you require any additional information or have questions regarding this patient's history, please contact our office at [Phone Number].

Thank you for your collaboration in this patient's treatment.

Sincerely,

[Your Name/Signature]
[Your Title/Practice Name]
[Your Contact Information]