

**Date:** [Insert Date]

**To:** [Name of Medical Provider/Facility]

**Department:** Medical Records / Health Information Management

**Address:** [Facility Address]

**RE: URGENT REQUEST FOR MEDICAL RECORDS FOR UPCOMING SURGERY**

**Patient Name:** [Your Full Name]

**Date of Birth:** [Your Date of Birth]

**Patient ID/SSN:** [Your ID Number, if applicable]

Dear Medical Records Department,

I am writing to formally request an **expedited** release of my medical records. I have a surgery scheduled for [**Date of Surgery**] with [**Surgeon's Name**] at [**Hospital/Surgical Center Name**].

The surgical team requires the following documents for my pre-operative clearance no later than [**Deadline Date**]:

- [e.g., Recent lab results/blood work]
- [e.g., Imaging reports - MRI, CT, X-ray]
- [e.g., Cardiology clearance or EKG results]
- [e.g., Most recent consultation notes]

Please deliver these records via the following method:

**Option 1: Fax to Surgeon's Office**

Fax Number: [Surgeon's Fax Number]

Attention: [Name of Nurse or Coordinator]

**Option 2: Secure Email**

Email Address: [Your Email or Surgeon's Email]

Due to the time-sensitive nature of this upcoming procedure, I request that this application be prioritized. Please contact me immediately at [**Your Phone Number**] if there are any forms I need to sign or fees I need to pay to ensure there is no delay.

Thank you for your immediate attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]