

Date: [Insert Date]

To: Records Department / Privacy Officer

Facility Name: [Insert Hospital or Surgical Center Name]

Address: [Insert Facility Address]

RE: EXPEDITED REQUEST FOR MEDICAL RECORDS

Patient Name: [Insert Full Name]

Date of Birth: [Insert DOB]

Patient ID/SSN (Last 4): [Insert Last 4 Digits]

Date of Surgery: [Insert Date of Procedure]

To Whom It May Concern,

I am writing to formally request a complete copy of my surgical medical records. I am requesting that this process be **expedited** due to an upcoming follow-up appointment with a specialist on [Insert Date].

Please include the following documents in the digital/physical file:

- Operative Reports
- Pre-operative and Post-operative Notes
- Anesthesia Records
- Pathology and Lab Results
- Discharge Summary
- Imaging/Radiology Reports

Please provide these records via [Email Address / Physical Mailing Address / Patient Portal].

I am aware that I have the right to access these records under HIPAA regulations. If there are any fees associated with this request, please notify me immediately. However, I request that the urgency of my clinical care be prioritized.

Thank you for your prompt attention to this matter.

Sincerely,

[Signature]

[Print Name]

[Phone Number]