

URGENT: PRE-SURGICAL RECORDS REQUEST

Surgery Date: [Insert Date]

Date: [Current Date]

To: [Name of Physician/Facility]

Fax Number: [Fax Number]

Phone Number: [Phone Number]

RE: [Patient Full Name]

Date of Birth: [Patient DOB]

Dear Medical Records Department / Doctor,

Our mutual patient, [Patient Name], is scheduled for a surgical procedure on [Surgery Date]. To ensure patient safety and surgical clearance, we urgently require the following medical records:

- Recent History and Physical (H&P)
- Latest Office Visit Notes
- Current Medication List and Allergies
- Recent Lab Results (within the last [30/60/90] days)
- EKG/ECG Results (within the last [6] months)
- [Insert Additional Specific Requirements]

Please fax these documents to our office at **[Your Fax Number]** as soon as possible. If there are any issues providing these records, please contact our office immediately at [Your Phone Number].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name/Name of Requesting Provider]

[Clinic Name]

[Contact Information]

Confidentiality Notice: The information contained in this transmission is privileged and confidential. It is intended only for the use of the individual or entity named above.