

URGENT: TIME-SENSITIVE MEDICAL RECORDS REQUEST

Date: [Current Date]

To:

[Doctor or Clinic Name]

[Medical Facility Name]

[Address]

[City, State, Zip Code]

Patient Information:

Name: [Patient Full Name]

Date of Birth: [MM/DD/YYYY]

Phone Number: [Phone Number]

Subject: Request for Medical Records for Upcoming Surgery on [Date of Surgery]

To Whom It May Concern,

I am writing to request a copy of my medical records to be transferred immediately to my surgeon's office. I have a scheduled surgical procedure on **[Date of Surgery]**, and my surgical team requires these documents for preoperative clearance and safety planning.

Please provide the following records from [Start Date] to [End Date]:

- History and Physical examination notes
- Recent Lab/Bloodwork results
- Imaging reports (X-ray, MRI, CT, etc.)
- EKG/Cardiology clearances (if applicable)
- Current medication list and allergy list

Please deliver these records via [Fax/Email/Secure Portal] to:

Attn: [Surgeon Name]

Facility: [Surgical Center/Hospital Name]

Fax Number: [Fax Number]

Email Address: [Email Address]

Due to the proximity of my surgery date, I request that this be processed as a priority. If there are any forms or fees required to complete this request, please contact me immediately at [Your Phone Number].

Thank you for your prompt assistance.

Sincerely,

[Your Signature]

[Your Printed Name]