

[Your Name]
[Your Address]
[Your Phone Number]
[Your Email Address]

[Date]

[Recipient Name or Medical Records Department]
[Facility Name]
[Facility Address]

RE: URGENT Medical Record Request for Upcoming Surgery

Patient Name: [Patient Full Name]
Date of Birth: [Patient Date of Birth]
Patient ID/Account Number (if known): [ID Number]

Dear Medical Records Department,

I am writing to formally request an expedited release of my medical records. These records are required for a pre-operative evaluation regarding a surgery scheduled for [Date of Surgery].

The surgeon, Dr. [Surgeon Name] at [Surgical Facility Name], requires these documents by [Deadline Date] to ensure the procedure can safely proceed as planned. Delay in receiving these records may result in the cancellation or rescheduling of my surgery.

Please provide the following specific records:

[List specific records, e.g., Imaging reports, Lab results, Cardiology clearance, or General history and physical]

Please deliver these records via:

Fax to: [Fax Number]
 Secure Email to: [Email Address]
 Patient Portal

I have attached a signed medical release authorization form to this request. If there are any fees associated with this urgent request, please contact me immediately at [Your Phone Number].

Thank you for your prompt assistance in this urgent matter.

Sincerely,

[Your Signature]

[Your Printed Name]