

URGENT: PRIORITY SURGICAL RECORD TRANSFER

Date: [Current Date]

TO:

[Releasing Hospital/Clinic Name]

[Medical Records Department]

[Phone Number]

[Fax Number]

RE: Patient Information

Patient Name: [Full Name]

Date of Birth: [MM/DD/YYYY]

Patient SSN/ID: [ID Number]

To Whom It May Concern,

I am writing to request the immediate priority transfer of my complete medical records to the office of [**Receiving Surgeon/Physician Name**]. This request is urgent as I have a surgical procedure scheduled for [**Date of Surgery**].

Please include the following documents in the transfer:

- Recent Imaging (CT, MRI, X-Ray) and Radiology Reports
- Laboratory and Blood Work Results
- Previous Operative Reports
- Pathology Reports
- Current Medication List and Allergies

Please send records to:

Facility Name: [Receiving Facility Name]

Attention: [Surgeon/Department Name]

Fax: [Fax Number]

Email/Portal: [Email Address if applicable]

I have attached a signed Authorization for Release of Health Information. Given the upcoming surgery date, please confirm receipt of this request and the expected time of transmission.

Thank you for your prompt assistance.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Phone Number]