

## **URGENT: EXPEDITED REQUEST FOR MEDICAL RECORDS**

**Date:** [Date]

**To:** [Physician or Clinic Name]

**Fax/Email:** [Recipient Fax or Email]

**Phone:** [Recipient Phone Number]

### **RE: Patient Medical History for Upcoming Surgery**

**Patient Name:** [Patient Full Name]

**Date of Birth:** [Patient Date of Birth]

**Surgery Date:** [Date of Procedure]

Dear Medical Records Department,

The patient listed above is scheduled for a surgical procedure on **[Date of Procedure]**. In order to ensure patient safety and complete the pre-operative clearance process, we urgently require the following medical records:

- History and Physical (H&P) notes from the last 12 months
- Most recent laboratory results (CBC, CMP, EKG, etc.)
- Current Medication List
- Known Allergies
- Cardiology or Pulmonology clearances (if applicable)

Due to the proximity of the surgical date, please provide these records by **[Deadline Date/Time]**. You may transmit the documents via the following methods:

**Fax:** [Your Fax Number]

**Secure Email:** [Your Email Address]

A signed HIPAA authorization form for the release of these records is [attached/on file].

If you have any questions or are unable to provide these records within this timeframe, please contact our office immediately at [Your Phone Number].

Thank you for your prompt assistance in this matter.

Sincerely,

[Your Name/Signature]

[Your Title/Office Name]

[Your Contact Information]