

**URGENT: MEDICAL RECORD TRANSFER REQUEST**  
**RE: PENDING SURGERY SCHEDULED FOR:** [Date of Surgery]

**To:** [Sending Provider/Facility Name]  
**Fax/Email:** [Sending Provider Contact Info]

**Patient Name:** [Patient Full Name]  
**Date of Birth:** [Date of Birth]  
**Patient ID/SSN:** [Optional ID Number]

Dear Medical Records Department,

This is an urgent request for the immediate transfer of medical records for the above-named patient. This patient is scheduled for a surgical procedure on **[Date]** at **[Time]** with **[Surgeon Name]** at **[Receiving Hospital/Clinic Name]**.

Please provide the following documents immediately to ensure patient safety and surgical clearance:

- Recent History and Physical (H&P)
- Diagnostic Imaging Reports (MRI, CT, X-Ray)
- Recent Laboratory/Blood Work Results
- Cardiac Clearance (if applicable)
- Operative Notes from previous related procedures
- Current Medication List and Allergy Information

Please transmit these records via secure fax to **[Fax Number]** or via secure electronic portal to **[Email/Link]**.

Given the proximity of the surgery date, we request that these records be sent no later than **[Time/Date]**. If there are any issues fulfilling this request, please contact our office immediately at **[Phone Number]**.

Thank you for your prompt assistance in this matter.

Sincerely,

[Your Name/Signature]  
[Your Title/Role]  
[Your Organization Name]  
[Your Contact Phone Number]