

URGENT: PRE-SURGICAL DOCUMENTATION REQUEST

Date: [Insert Date]

To: [Recipient Name/Facility Name]

Fax/Email: [Recipient Contact Information]

RE: [Patient Full Name]

Date of Birth: [Patient DOB]

Scheduled Surgery Date: [Date of Procedure]

Dear Medical Records Department,

This is a critical request for the medical records of the above-named patient, who is scheduled for surgery at [Surgical Center/Hospital Name] on [Date]. To ensure patient safety and avoid cancellation of the procedure, we require the following documents immediately:

- History and Physical (H&P) clearance from [Primary Care/Specialist]
- Recent EKG/ECG reports (within [Number] months)
- Latest Laboratory Results (CBC, Chem Panel, Coagulation studies)
- Cardiac or Pulmonary clearance (if applicable)
- [Insert any specific additional test/report needed]

Please transmit these records no later than [Due Date/Time] to [Fax Number] or via secure email to [Email Address].

Failure to receive these records within the specified timeframe will result in the postponement of the patient's surgical procedure.

Thank you for your immediate attention to this matter.

Sincerely,

[Your Name/Doctor's Name]

[Title/Department]

[Organization Name]

[Phone Number]