

Date: [Current Date]

To: [Doctor or Hospital Name]

Department: Medical Records / Health Information Management

Address: [Facility Address]

RE: URGENT MEDICAL RECORD RELEASE FOR UPCOMING SURGERY

Patient Name: [Your Full Name]

Date of Birth: [Your Date of Birth]

Patient ID/SSN (Last 4): [Optional ID Number]

To Whom It May Concern,

I am writing to formally request the immediate release of my medical records. I have a surgery scheduled for [**Date of Surgery**] with [**Name of Surgeon/Specialist**], and these records are required for my pre-operative clearance and surgical planning.

Please provide the following documents from the period of [Start Date] to [End Date]:

- Recent Lab/Blood Work Results
- Imaging Reports (CT, MRI, X-Ray)
- Cardiology Clearances (EKG/Stress Test)
- Most Recent History and Physical
- [List any other specific records needed]

Please send these records directly to the following provider via fax or secure email:

Recipient Name: [Surgeon's Name / Office Name]

Fax Number: [Fax Number]

Email: [Email Address]

Phone: [Phone Number]

Due to the proximity of my surgical date, I request that this request be expedited. I authorize the release of these records for the purpose of continuing medical care.

Thank you for your prompt assistance.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Phone Number]