

## **URGENT: RUSH REQUEST FOR SURGICAL PATIENT RECORDS**

Date: [Insert Date]

To: [Name of Facility/Medical Records Department]

Address: [Facility Address]

Phone: [Facility Phone Number]

Fax: [Facility Fax Number]

### **RE: Patient Information**

Patient Name: [Patient Full Name]

Date of Birth: [MM/DD/YYYY]

Patient ID/SSN (if applicable): [Patient ID]

Date of Surgery: [Insert Date of Surgery]

To Whom It May Concern,

I am writing to request an **expedited** release of medical records for the above-named patient. These records are needed urgently for [Reason: e.g., follow-up emergency care, post-operative complications, or immediate transfer to another facility].

Please provide the following documents immediately:

- Operative Report
- Anesthesia Records
- Discharge Summary
- Pre-operative Clearance/Labs
- Pathology/Imaging Reports related to the surgery

Please deliver these records via [Fax/Secure Email/Portal] to [Recipient Name/Facility] at [Fax Number/Email Address] no later than [Required Time/Date].

Attached is the signed Authorization for Release of Information. If there are any issues or fees associated with this rush request, please contact me immediately at [Your Phone Number].

Thank you for your prompt assistance in this urgent matter.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Relationship to Patient, if applicable]