

[Current Date]

[Current Physician Name]

[Clinic/Hospital Name]

[Address]

[City, State, Zip Code]

**RE: Formal Transfer of Medical Records and Referral for Legal Review**

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

**Date of Birth:** [DOB]

**Patient ID/SSN:** [ID Number]

Dear Dr. [Physician Last Name],

Please be advised that I am formally requesting the complete transfer of my entire medical file. This request includes, but is not limited to: clinical notes, diagnostic test results, imaging (CD/DVD), surgical reports, pathology results, medication logs, and all correspondence related to my care from [Start Date] to [End Date/Present].

Please transfer these records to the following receiving physician:

[New Physician Name]

[New Clinic Name]

[New Address]

[City, State, Zip Code]

Furthermore, due to concerns regarding the standard of care received during [Specific Incident/Procedure] on [Date], I am officially notifying you that this file is being referred to legal counsel for a medical malpractice review. I request that you preserve all original electronic health records (EHR), including audit trails and metadata, as required by law.

Please confirm in writing once the file transfer has been completed. I have attached a signed HIPAA authorization form to this letter.

Sincerely,

[Signature]

[Printed Name]

[Phone Number]

[Email Address]