Date: [Date]

To:
Custodian of Medical Records
[Hospital Name]
[Emergency Department Address]
[City, State, Zip Code]

RE: Letter of Instruction for Release of Emergency Room Records

Patient Information:
Patient Name: [Full Name]
Date of Birth: [MM/DD/YYYY]
Social Security Number (Optional/Last 4): [XXX-XX-XXXX]
Date of Service: [Date of ER Visit]

To Whom It May Concern,

I am writing to formally instruct [Hospital Name] to release my medical records pertaining to my Emergency Room visit on [Date of Visit].

Please provide a complete copy of the following records:

- ER Physician Notes
- Triage and Nursing Reports
- Diagnostic Imaging Results (X-ray, CT, MRI)
- Laboratory and Blood Test Results
- Discharge Summary and Instructions
- Itemized Billing Statement

Please deliver these records via the following method: [Email / Fax / Physical Mail].

Send Records To:
Recipient Name: [Recipient Name/Organization]
Address/Email/Fax: [Insert Delivery Details]

I understand that there may be a processing fee associated with this request. Please contact me at [Phone Number] if the cost exceeds $[Amount].

Thank you for your prompt attention to this matter.

Sincerely,

_____
[Patient Signature / Legal Representative Signature]

[Printed Name]
[Relationship to Patient if Representative]