

Medical Record Transfer Request for Second Opinion

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]

[Recipient's Name or Healthcare Provider's Name]

[Healthcare Provider's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request the transfer of my medical records for the purpose of obtaining a second opinion regarding my medical condition. I believe that reviewing my medical history with another specialist will provide me with valuable insights into my treatment options.

Please include all relevant medical records, including but not limited to:

- Diagnostic reports
- Treatment history
- Consultation notes
- Medication records

My details are as follows:

Name: [Your Full Name]

Date of Birth: [Your Date of Birth]

Patient ID: [Your Patient ID]

Please send my records to:

[New Healthcare Provider's Name]

[New Provider's Address]

[City, State, Zip Code]

If there are any forms or fees required for processing this request, please let me know at your earliest convenience.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]