

Emergency Medical Record Transfer Request

Date: [Insert Date]

To: [Recipient's Name]
[Recipient's Title]
[Recipient's Facility Name]
[Recipient's Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request the transfer of emergency medical records for **[Patient's Name]**, date of birth **[Patient's DOB]**, who was treated at your facility on **[Date of Treatment]**.

This request is made in accordance with HIPAA regulations and is essential for continuity of care for the patient. Please include all relevant medical records, including but not limited to:

- Admission and discharge summaries
- Consultation notes
- Diagnostic test results
- Medication administration records

We appreciate your prompt attention to this matter as it is crucial for the ongoing treatment of the patient. Please send the records to:

[Your Facility Name]
[Your Address]
[City, State, Zip Code]
[Your Contact Information]

If you have any questions or require further information, please do not hesitate to contact me at **[Your Phone Number]** or **[Your Email Address]**.

Thank you for your cooperation.

Sincerely,

[Your Name]
[Your Title]
[Your Facility Name]