

# Request for Expedited Access to Medical Records

Date: [Insert Date]

[Recipient's Name]

[Title]

[Hospital's Name]

[Hospital's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally appeal for expedited access to my medical records held by [Hospital's Name]. I understand the standard processing time for record requests; however, due to [briefly explain the reason for the urgency, e.g., medical treatment needed, impending surgery, etc.], I urgently require access to these documents.

My details are as follows:

- Name: [Your Full Name]
- Date of Birth: [Your DOB]
- Patient ID: [Your Patient ID, if applicable]
- Date of Service: [Date you visited or were treated]

Enclosed with this letter are the necessary identification and authorization forms. I appreciate your understanding and assistance in this matter. Please let me know if you require any additional information to facilitate this request.

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

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]