

Medical History Request for Emergency Treatment

Date: [Insert Date]

To: [Healthcare Provider's Name or Facility]

Address: [Healthcare Provider's Address]

City, State, Zip Code: [Insert City, State, Zip]

Dear [Healthcare Provider's Name],

I am writing to request the medical history of [Patient's Full Name], born on [Patient's Date of Birth], for the purpose of emergency treatment.

Due to [briefly explain the emergency situation], it is crucial that we obtain the patient's medical history, including any allergies, current medications, and previous medical conditions, to provide appropriate care.

Please send the necessary documentation to [Email Address or Fax Number] as soon as possible. If you have any questions, you can contact me directly at [Your Phone Number].

Thank you for your prompt attention to this urgent matter.

Sincerely,

[Your Full Name]

[Your Title/Position]

[Your Organization/Facility]

[Your Contact Information]