

Medical History Request for Preoperative Evaluation

Date: [Insert Date]

To: [Insert Recipient's Name]
[Insert Recipient's Title]
[Insert Recipient's Institution/Practice Name]
[Insert Recipient's Address]
[Insert City, State, Zip Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to request the medical history of my patient, [Patient's Name], who is scheduled for a preoperative evaluation on [Date of Surgery] for [Brief Description of Procedure].

In order to proceed with the evaluation, it is essential to have the following information:

- Past medical history
- Current medications
- Allergies
- Any previous surgical history

Please send the medical records to my office at your earliest convenience. If you require any additional information or clarification, feel free to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this important matter.

Sincerely,

[Your Name]
[Your Title]
[Your Institution/Practice Name]
[Your Address]
[Your City, State, Zip Code]
[Your Phone Number]
[Your Email Address]