

Medical Records Transfer Authorization

Date: _____

To Whom It May Concern,

I, **[Your Name]**, am writing to authorize the transfer of medical records for my family member, **[Family Member's Name]**, who has been under your care.

Details of the patient:

- Name: [Family Member's Name]
- Date of Birth: [MM/DD/YYYY]
- Address: [Family Member's Address]

I hereby request that all medical records, including but not limited to, treatment history, test results, and other relevant documents be sent to:

[Recipient's Name]

[Recipient's Address]

[Recipient's Email/Phone]

This authorization is effective immediately and will remain in effect until revoked in writing by me.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]

[Your Signature]

[Your Contact Information]