



(please also see "Sample Patient Request Letter" at the end of this document)

Date: _____

In order to prepare for my consultation visit with _____

on _____, _____/_____/_____ at _____ am / pm.,

I have prepared the following information:

FROM: Name: _____

DOB / AGE: _____

Phone: _____

E-mail: _____

Address: _____

Insurance Information: _____

TO: Doctor: _____

C/O _____

Hospital: _____

Address: _____

I am currently under Doctors Care yes / no

Current Doctor: _____

Phone: _____

Address: _____

Current Diagnosis: _____

Included	Sent by: Doctor / Hospital	Hand Carry to Visit	Information Requested for Consultation
			Most Recent History & Physical Report
			CAT Scan Abdomen /Reports
			CAT Scan Pelvis/ Reports
			CAT Scan Chest/ Reports
			PET Scan
			Pathology Slides
			Pathology Report
			Most Recent Blood Work
			Tumor Marker - CEA
			Tumor Marker – CA 19-9
			Tumor Marker – CA 125
			Operative Notes Prior Surgery:
			1) Date:
			2) Date:
			Chemotherapy Treatment Regimes
			1) Date:
			2) Date:
			Other:

Sample Patient Request Letter

[Your Name]

[Street Address]

[City, ST ZIP Code]

Thursday, January 25, 2007

[Doctor Name]

[Medical Practice or Hospital Name]

[Street Address]

[City, ST ZIP Code]

RE: Release of medical records for [Your Name], DOB: [your date of birth], SSN:
[Social Security Number]

Dear [Doctor Name]:

Please release my medical records related to treatment for [medical condition(s)] rendered by you or under your supervision from [date] through [date]. This information will be used to further assist in my medical care, and should be mailed to:

[Your Name or Name of Party to Receive Records]

[Street Address]

[City, ST ZIP Code]

Please bill me for costs associated with providing copies of my records, and I will remit payment promptly upon receipt of the records.

Sincerely,

[Your Name]

cc: