

Health Documentation Correction Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Recipient's Name]

[Organization/Health Provider Name]

[Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request a correction to my health documentation associated with my records at [Organization/Health Provider Name].

Upon reviewing my records, I noticed the following inaccuracies:

- **Document Name:** [Insert Document Name]
- **Date of Service:** [Insert Date]
- **Incorrect Information:** [Describe the incorrect information]
- **Correct Information:** [Describe the correct information]

It is important for my medical records to accurately reflect my health history and current status for future care. I appreciate your prompt attention to this matter and would like to request confirmation once the correction has been made.

Thank you for your assistance.

Sincerely,

[Your Name]