Health Status Update Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Recipient's Title]

[Hospital/Clinic Name]

[Hospital/Clinic Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to request an update on the health status of [Patient's Full Name], who has been under your care since [Date of Admission]. We are eager to understand [his/her] current condition and any necessary next steps regarding [his/her] treatment.

Specifically, we would appreciate information on the following:

- Current diagnosis and prognosis
- Recent tests or procedures performed
- Recommended treatment moving forward

Thank you for your attention to this matter. Please feel free to contact me at [Your Phone Number] or [Your Email Address] should you need any further information.

Sincerely,

[Your Name]