

Dear [Patient's Name],

We hope this message finds you well. At [Your Practice's Name], we are committed to providing you with the best possible care. To enhance our services and ensure we have up-to-date information, we kindly ask you to review and update your patient information.

Please take a moment to confirm or update the following details:

- Full Name:
- Date of Birth:
- Contact Number:
- Emergency Contact:
- Allergies or Medical Conditions:
- Current Medications:

You can provide this information by responding to this email or by visiting our patient portal at [Patient Portal URL]. If you have any questions or need assistance, please do not hesitate to contact us at [Practice Phone Number] or [Practice Email].

Thank you for your attention to this matter. We appreciate your cooperation in helping us enhance your health care experience.

Sincerely,

[Your Name]

[Your Title]

[Your Practice's Name]