

# Patient Records Update Request

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]

[Recipient's Name]  
[Recipient's Title]  
[Healthcare Facility Name]  
[Facility Address]  
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request an update to my patient records maintained at [Healthcare Facility Name]. It has come to my attention that my records do not accurately reflect my current medical history, specifically regarding [specific issue or detail].

Please update my records to include the following information:

- [Detail 1]
- [Detail 2]
- [Detail 3]

These updates are crucial for my ongoing care and treatment and I expect them to be completed within [timeframe]. If there are any forms or additional information you need from me to facilitate this process, please let me know.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]