

# Personal Appeal to Update Primary Care Physician

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

Dear [Recipient's Name or "Primary Care Physician"],

I hope this message finds you well. I am writing to formally request an update to my primary care physician records. Due to recent changes in my healthcare needs, I believe it is important to ensure that my primary care physician reflects my current situation.

I would like to request that [New Physician's Name] be designated as my primary care physician moving forward. My previous primary care physician, [Previous Physician's Name], has been integral in my healthcare journey, and I appreciate all they have done for me. However, after careful consideration, I feel that [New Physician's Name] will better address my evolving healthcare requirements.

I have attached all pertinent details regarding the new physician, including their contact information:

- Name: [New Physician's Name]
- Practice Name: [Practice Name]
- Contact Number: [Contact Number]
- Email: [Email Address]

Please let me know if you require any further information or documentation to facilitate this change. I appreciate your attention to this matter and look forward to your confirmation of this update.

Thank you for your assistance!

Sincerely,

[Your Name]