

Change in Medical History Notification

Date: [Insert Date]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to inform you about an important update in my medical history that may be relevant to my ongoing care and treatment.

Previous Medical Condition: [Insert Details]

New Medical Condition: [Insert Details]

Date of Onset: [Insert Date]

Additional Notes: [Insert Any Relevant Information]

Please feel free to contact me at [Your Phone Number] or [Your Email Address] should you require further information or clarification.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Address]