

Patient Medical History Revision

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Date of Birth: [Insert Date of Birth]

Patient ID: [Insert Patient ID]

Revised Medical History

This letter serves to document the revision of the medical history for the above-named patient.

Previous Medical History

[Insert Previous Medical History Details]

Revised Medical History

[Insert Revised Medical History Details]

Relevant Medical Records

[Insert Any Relevant Medical Records or Attachments]

Physician's Remarks

[Insert Physician's Remarks or Observations]

Signature

[Insert Physician's Name]

[Insert Physician's Contact Information]

Thank you for your attention to this matter.