

Request for Medical History Update

Date: [Insert Date]

To: [Healthcare Provider's Name]

[Healthcare Provider's Address]

Dear [Healthcare Provider's Name],

I hope this message finds you well. I am writing to request an update to my medical history records. As a patient at your facility, I believe it is important to ensure that my medical information is current and accurate.

Please include the following details in my medical history:

- Recent diagnoses
- Current medications
- Any recent treatments or procedures
- Updated contact information

If you require any additional information from my side to process this request, please feel free to contact me at [Your Phone Number] or [Your Email Address].

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

Sincerely,

[Your Name]

[Your Address]

[Your Phone Number]

[Your Email Address]