

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[Recipient's Title]

[Clinic/Hospital Name]

[Clinic/Hospital Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to request clarification regarding my medical history as documented in your facility's records. I believe there may be some discrepancies that need to be addressed to ensure my records are accurate and up-to-date.

Specifically, I would like to inquire about [provide details on the specific areas of concern, e.g., past treatments, diagnoses, medications, etc.]. It is important for my ongoing care to have a clear understanding of my medical history.

I would appreciate it if you could review my records and provide me with the necessary clarification. If needed, I am available for a discussion at your convenience to address any questions or issues regarding this matter.

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

Sincerely,

[Your Name]