

Letter of Objection to Erroneous Statement

Your Name
Your Address
City, State, Zip Code
Email: your.email@example.com
Phone: (123) 456-7890

Date: [Insert Date]

Medical Provider's Name
Medical Provider's Office
Address
City, State, Zip Code

Dear [Medical Provider's Name/Office Manager],

I am writing to formally object to an erroneous statement regarding my medical records, specifically dated [Insert Date of Statement]. It has come to my attention that [briefly describe the erroneous statement].

This statement is incorrect because [explain why the statement is erroneous, include relevant details or evidence].

I kindly request that you review my medical records and correct this statement to reflect accurate information.

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

Sincerely,
[Your Name]