

Request for Name Change in Medical Records

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Your Phone Number]

[Your Email Address]

[Recipient's Name]

[Medical Facility/Office Name]

[Facility Address]

[City, State, ZIP Code]

Dear [Recipient's Name],

I am writing to request a change to my medical records due to a name change. My previous name is [Old Name], and my new name is [New Name]. This change is necessary to ensure that my medical records accurately reflect my current identity.

For your reference, I have enclosed the following documentation:

- A copy of my government-issued ID showing my new name.
- A copy of the legal documents that verify my name change (e.g., marriage certificate, court order, etc.).

Please update my records accordingly and confirm the change at your earliest convenience. If you need any further information or additional documentation, please feel free to contact me.

Thank you for your assistance in this matter.

Sincerely,

[Your Name]