

Request for Correction of Medical Records

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[Medical Facility's Name]

[Facility's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request a correction to my medical records maintained by [Medical Facility's Name]. I have recently reviewed my records and have identified the following inaccuracies:

- [Description of inaccuracy 1]
- [Description of inaccuracy 2]
- [Description of inaccuracy 3]

I believe these inaccuracies could affect my medical care and treatment. I kindly ask you to review and correct these errors at your earliest convenience.

Attached are copies of documents that support my request for these corrections.

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

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]