

Name Change Request for Patient Identification

Date: [Insert Date]

[Clinic Name]

[Clinic Address]

[City, State, Zip Code]

Dear [Clinic Administrator/Office Manager's Name],

I am writing to formally request a change to the name associated with my patient records at your clinic. My details are as follows:

Current Name: [Current Name]

New Name: [New Name]

Date of Birth: [Date of Birth]

Patient ID (if applicable): [Patient ID]

The reason for this name change is [brief explanation of the reason for the name change].

I have attached legal documentation that verifies this name change, including [list the documents such as marriage certificate, court order, etc.].

Please update my records accordingly and inform me if any further information is required. Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Contact Information]