

Request for Update of Medical History Records

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Clinic Name]

[Clinic Address]

[City, State, Zip Code]

Dear [Clinic Administrator's Name],

I hope this message finds you well. I am writing to request an update of my medical history records that are maintained at your clinic. My details are as follows:

- Full Name: [Your Full Name]
- Date of Birth: [Your Date of Birth]
- Patient ID (if known): [Your Patient ID]

Recently, I have undergone some medical assessments and treatments that need to be added to my records. The details are as follows:

- [Description of the medical assessment/treatment, including dates and relevant details]

Please let me know if there are any forms or processes that I need to complete for this update. I appreciate your assistance in ensuring that my medical records are accurate and up-to-date.

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

Sincerely,

[Your Name]