

# Patient Allergy Data Amendments

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient Name]

[Recipient Title]

[Healthcare Facility Name]

[Facility Address]

[City, State, Zip Code]

Dear [Recipient Name],

I am writing to formally request amendments to my allergy information in my medical records.

My personal details are as follows:

- Patient Name: [Your Name]
- Date of Birth: [Your DOB]
- Patient ID/Record Number: [Your ID]

Currently, my allergy information states [insert current information]. However, I would like to request the following amendments:

- [Specify Allergy 1: Description of amendment]
- [Specify Allergy 2: Description of amendment]
- [Add any additional allergies or corrections as necessary]

Supporting documentation is enclosed to substantiate these amendments.

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

Sincerely,

[Your Signature (if sending hard copy)]

[Your Printed Name]