

Emergency Contact Amendment

[Your Name]
[Your Address]
[City, State, ZIP Code]
[Email Address]
[Phone Number]
[Date]

[Hospital Name]
[Hospital Address]
[City, State, ZIP Code]

Dear [Hospital Contact/Administrator's Name],

I am writing to request an amendment to the emergency contact information currently on file for me at your facility. Please update my records as follows:

New Emergency Contact:

[New Contact Name]
[New Contact Relationship]
[New Contact Phone Number]
[New Contact Address]

Please feel free to contact me using the information provided above if you have any questions or need further details regarding this amendment.

Thank you for your attention to this matter.

Sincerely,

[Your Name]
[Your Medical Record Number or ID, if applicable]