

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

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

Dear [Recipient's Name or "To Whom It May Concern"],

I am writing to formally request an update to my emergency contact information on file at [Hospital Name].

Previously, my emergency contact was [Previous Contact's Name and Relationship]. I would like to replace this individual with [New Contact's Name and Relationship].

The updated contact information is as follows:

- Name: [New Contact's Name]
- Relationship: [New Contact's Relationship]
- Phone Number: [New Contact's Phone Number]
- Email Address: [New Contact's Email Address]

Please let me know if you require any additional information or documentation to process this request. Thank you for your attention to this matter.

Sincerely,
[Your Name]