

# Healthcare Professional Contact Information Validation

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Title]

[Organization's Name]

[Organization's Address]

Dear [Recipient's Name],

We are reaching out to you to validate the contact information we have on file for your healthcare practice. This is to ensure that our records are accurate and up to date.

Below is the information we currently have:

- Name: [Professional's Name]
- Phone Number: [Phone Number]
- Email Address: [Email Address]
- Office Address: [Office Address]

Please confirm if the above information is correct. If there are any changes or updates, kindly provide us with the revised details at your earliest convenience.

Thank you for your attention to this matter. We appreciate your cooperation in helping us maintain accurate records.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Your Contact Information]