

Patient Medical Profile Verification Inquiry

Date: [Insert Date]

To: [Provider's Name]

[Provider's Address]

[City, State, Zip Code]

Dear [Provider's Name],

I hope this message finds you well. I am writing to request verification of my medical profile as part of the ongoing management of my health care.

My name is [Your Full Name], and my date of birth is [Your DOB]. My medical record number is [Your MRN]. I am seeking to confirm the following information:

- [Specific Information Needed 1]
- [Specific Information Needed 2]
- [Specific Information Needed 3]

Please let me know if you require any further information to assist with this inquiry. I appreciate your timely attention to this matter.

Thank you for your assistance.

Sincerely,

[Your Full Name]

[Your Contact Information]

[Your Address]