

Letter of Request for Medical Background Confirmation

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Title]

[Hospital/Clinic Name]

[Hospital/Clinic Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to request confirmation of the medical background for our mutual patient, [Patient's Name], who has been under your care since [Date].

To ensure the continuity of care, I would appreciate it if you could provide the following information:

- Relevant medical history
- Previous treatments and medications
- Any ongoing health issues

Thank you for your assistance in this matter. Please feel free to contact me at [Your Phone Number] or [Your Email Address] if you need any further information.

Sincerely,

[Your Name]

[Your Title]

[Your Institution/Practice Name]

[Your Address]

[City, State, Zip Code]