

Verification of Patient Health History

Date: [Insert Date]

[Your Name]

[Your Position]

[Your Organization]

[Your Address]

[City, State, Zip Code]

[Phone Number]

[Email Address]

To Whom It May Concern,

This letter serves to verify the health history of **[Patient's Full Name]**, born on **[Patient's Date of Birth]**, who has been a patient at [Your Organization] since **[Start Date]** .

During this period, we have documented the following health issues and treatments:

- **[Health Issue 1]** - [Description of Treatment/Diagnosis]
- **[Health Issue 2]** - [Description of Treatment/Diagnosis]
- **[Health Issue 3]** - [Description of Treatment/Diagnosis]

For further inquiries or additional information, please feel free to contact our office.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Position]

[Your Organization]