Date: [Insert Date]

To Whom It May Concern,

I am writing to update the surgical history for patient [Patient's Name], Date of Birth: [DOB], Medical Record Number: [MRN].

Surgical History:

- [Date of Surgery] - [Type of Surgery] - [Surgeon's Name] - [Facility Name]
- [Date of Surgery] - [Type of Surgery] - [Surgeon's Name] - [Facility Name]
- [Date of Surgery] - [Type of Surgery] - [Surgeon's Name] - [Facility Name]

Please update the medical records accordingly to ensure compliance with the standards of our practice.

Thank you for your attention to this matter.

Sincerely,

[Your Name]
[Your Title]
[Your Contact Information]