

# Request for Update of Medical Records

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Medical Facility Name]

[Facility Address]

[City, State, ZIP Code]

Dear [Recipient's Name],

I am writing to request an update to my medical records following a recent change of address. My previous address was:

[Old Address]

I have since moved to:

[New Address]

Kindly update my records to ensure that I receive any future correspondence at my new address. My medical record number is [Insert Record Number] for your reference.

Thank you for your prompt attention to this matter. Please let me know if you require any further information.

Sincerely,

[Your Name]