

Medical Records Update Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Recipient's Name]

[Healthcare Provider's Name]

[Provider's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to request an update of my medical records to ensure continuity of care. My name is [Your Name], and my date of birth is [Your Date of Birth]. I have been seen at your practice for [mention condition/treatment].

For my ongoing treatment, it is crucial that my medical records reflect the most recent visits and any relevant health information. Please include records from [insert specific dates or treatments].

If there are any forms or additional information required from my end to facilitate this process, please let me know. I appreciate your assistance in ensuring my medical records are up-to-date.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]