

# Medical Records Update Request

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[Medical Facility Name]

[Facility Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to request an update to the medical records of my family member, [Family Member's Name], who was treated at your facility.

According to the records, the following updates need to be made:

- [Detail of the update 1]
- [Detail of the update 2]
- [Detail of the update 3]

Enclosed are the necessary documents to support this request.

Thank you for your attention to this matter. Please contact me at [Your Phone Number] or [Your Email Address] if you require any further information.

Sincerely,

[Your Name]