

Medical Records Update Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

To Whom It May Concern,

I am writing to formally request an update to my medical records for legal reasons. My details are as follows:

Name: [Your Full Name]

Date of Birth: [Your Birth Date]

Patient ID: [Your Patient ID or Social Security Number]

As per [mention any applicable laws or regulations], I request that the following updates be made to my medical records:

- [Specify the updates needed, e.g., corrections, additions]
- [Further details about the records that need to be updated]

Please send me a confirmation once the updates have been made or reach out if further information is required.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]