

Request for Update of Medical Records

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Recipient Name]

[Facility/Organization Name]

[Facility Address]

[City, State, Zip Code]

Dear [Recipient Name],

I am writing to formally request an update to my medical records. My full name is [Your Full Name], and my date of birth is [Your Date of Birth]. My previous medical record ID (if applicable) is [Record ID].

Details of the information to be updated:

- [Detail to be updated 1]
- [Detail to be updated 2]
- [Detail to be updated 3]

Please find attached supporting documents that corroborate my request.

I understand my rights regarding my health information and appreciate your attention to this matter. Please let me know if you require any further information.

Thank you for your assistance.

Sincerely,

[Your Name]