

Request for Medical Records Update

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]

To Whom It May Concern,

I am writing to request an update of my medical records in order to facilitate a referral to a specialist. My primary care physician, Dr. [Physician's Name], has advised that I obtain a referral for [specific condition/symptoms].

For your reference, my details are as follows:

Patient Name: [Your Name]

Date of Birth: [Your Date of Birth]

Medical Record Number: [Your Medical Record Number]

Please update my records with the necessary information that reflects my current health status and any relevant treatments I have undergone. I would appreciate it if you could expedite this request as my referral appointment is scheduled for [Date].

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

Sincerely,

[Your Name]