

Updated Legal Name Notice

Date: [Insert Date]

To: [Healthcare Provider's Name]

Address: [Healthcare Provider's Address]

Dear [Healthcare Provider's Name],

I am writing to inform you that I have legally changed my name. My previous name was [Old Name], and my new legal name is [New Name]. This change is effective as of [Effective Date].

Please update your records accordingly to ensure that all future communications, billing, and care provided reflect my new name.

Thank you for your attention to this matter. If you have any questions or need further documentation, please feel free to contact me at [Your Phone Number] or [Your Email Address].

Sincerely,

[Your New Name]

[Your Address]

[Your Phone Number]

[Your Email Address]