

Medical History Confirmation Request

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to request confirmation of the medical history of [Patient's Name], born on [Date of Birth], who was treated at your facility from [Start Date] to [End Date].

Please provide details regarding:

- Diagnosis and treatment received
- Any surgical procedures performed
- Medications prescribed
- Any known allergies

This information is crucial for [reason for the request, e.g., ongoing treatment, insurance purposes]. Your prompt response will be greatly appreciated.

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

Sincerely,

[Your Name]

[Your Title or Relation to Patient]

[Your Address]

[City, State, Zip Code]