

Patient Information Authentication

Date: [Insert Date]

To Whom It May Concern,

We are writing to confirm the authenticity of the following patient information:

Patient Details

Patient Name: [Insert Patient Name]

Date of Birth: [Insert Date of Birth]

Medical Record Number: [Insert Medical Record Number]

Authorized Individual

Name: [Insert Authorized Person's Name]

Relation to Patient: [Insert Relation]

This letter serves to authenticate that the above details are accurate and can be used to access the patient's medical records. If you have any further questions, please do not hesitate to contact us.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Institution]

[Contact Information]