

Date: [Insert Date]

To Whom It May Concern,

I am writing to request verification of the prior treatment history for [Patient's Full Name], who has been a patient at [Your Facility/Practice Name] since [Date].

Please provide a comprehensive report of [Patient's Name]'s treatment history, including dates of service, diagnosis, treatment provided, and any relevant notes. This information is crucial for the ongoing care and management of [his/her/them] current health status.

For your records, please find the patient's consent attached to authorize the release of this information.

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

Sincerely,

[Your Name]

[Your Title]

[Your Facility/Practice Name]

[Your Address]

[Your Phone Number]

[Your Email Address]