

Request for Amendment of Medical History

Date: [Insert Date]

[Recipient's Name]

[Recipient's Title]

[Institution/Organization Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to formally request an amendment to my medical history details contained in my records at [Institution/Organization Name].

My name is [Your Name], and my date of birth is [Your Date of Birth]. The medical record number associated with my account is [Your Medical Record Number].

Upon reviewing my medical history, I noticed the following inaccuracies that I believe should be corrected:

- [Detail of the inaccuracy 1]
- [Detail of the inaccuracy 2]
- [Detail of the inaccuracy 3]

In order to facilitate the amendment process, I have included [any supporting documents or evidence]. I kindly request that you review these details and update my medical records accordingly.

Thank you for your attention to this matter. I look forward to your prompt response regarding the actions taken in relation to my request.

Sincerely,

[Your Name]

[Your Address Line 1]

[Your Address Line 2]

[Your City, State, Zip Code]

[Your Phone Number]

[Your Email Address]