

Healthcare Provider History Update

Date: [Insert Date]

To Whom It May Concern,

We are writing to inform you of an update to our healthcare provider history for [Patient's Name]. Please see the details below:

Patient Information:

Name: [Patient's Full Name]

Date of Birth: [DOB]

Medical Record Number: [MRN]

Provider Update:

Previous Provider: [Previous Provider Name, Specialty, Location]

New Provider: [New Provider Name, Specialty, Location]

Date of Transition: [Transition Date]

If you require any further information or documentation, please do not hesitate to contact us at [Contact Information].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Contact Information]