

# Medical Documentation Update Request

**Date:** [Insert Date]

**To:** [Recipient's Name]

**Title:** [Recipient's Title]

**Organization:** [Recipient's Organization]

**Address:** [Recipient's Address]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to formally request an update to my medical documentation on file. It has come to my attention that there are some discrepancies that need to be corrected to ensure that my records accurately reflect my medical history.

Please find attached the documents that outline the details of the updates required.

I appreciate your attention to this matter and look forward to your prompt response.

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Contact Information]