

# Medical History Update Inquiry

Date: [Insert Date]

To Whom It May Concern,

I hope this message finds you well. I am writing to request an update on my medical history records. It has been some time since my last review, and I would like to ensure that all pertinent information is accurate and up-to-date.

My details are as follows:

- **Full Name:** [Your Full Name]
- **Date of Birth:** [Your Date of Birth]
- **Patient ID:** [Your Patient ID]
- **Contact Number:** [Your Contact Number]

Please let me know if any additional information is needed to process my request. I appreciate your assistance in this matter.

Thank you for your attention to this request.

Sincerely,

[Your Name]

[Your Address]

[Your Email Address]