

Request for Personal Medical File Revision

Date: [Insert Date]

To: [Healthcare Provider's Name]

[Healthcare Provider's Address]

[City, State, Zip Code]

Dear [Healthcare Provider's Name],

I hope this letter finds you well. I am writing to formally request a revision of my personal medical file maintained at your facility.

My name is [Your Full Name], and my date of birth is [Your Date of Birth]. My medical record number is [Your Medical Record Number]. The specific information I believe needs revision is as follows:

[Describe the specific information or records that need to be corrected, including details and reasons for the revision.]

I appreciate your attention to this matter. Please let me know if any additional information or documentation is required to process my request. I look forward to your prompt response.

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]