

Letter of Emergency Contact Data Amendment

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Your Email]

[Your Phone Number]

[Medical Facility Name]

[Facility Address]

[City, State, ZIP Code]

Dear [Recipient's Name],

I am writing to request an amendment to the emergency contact information associated with my patient file.

Current Emergency Contact Details:

Name: [Current Contact Name]

Relationship: [Relationship]

Phone Number: [Current Phone Number]

Updated Emergency Contact Details:

Name: [New Contact Name]

Relationship: [Relationship]

Phone Number: [New Phone Number]

Please update my records accordingly. If you need any further information or verification, feel free to contact me at the phone number listed above.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]