

Patient Medical Information Update Request

Date: [Insert Date]

Dear [Patient's Name],

We hope this message finds you well. As part of our commitment to providing you with the best possible healthcare, we conduct regular updates of our patients' medical information.

To ensure we have accurate and up-to-date information regarding your health status and any treatments you may be receiving, we kindly request that you take a moment to review and update your medical information. This includes:

- Current medications
- Allergies
- Recent hospitalizations or surgeries
- Any new diagnoses

Please complete the attached form and return it to our office by [Insert Due Date]. You can also update your information through our secure patient portal at [Insert Portal Link].

Your health and safety are our top priorities, and accurate medical information is crucial for effective treatment. Thank you for your attention to this important matter.

Sincerely,

[Your Name]

[Your Title]

[Healthcare Facility Name]

[Contact Information]