

Patient Records Update Inquiry

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Your Email Address]

[Your Phone Number]

To: [Healthcare Provider's Name]

[Healthcare Provider's Address]

[City, State, ZIP Code]

Dear [Healthcare Provider's Name],

I hope this message finds you well. I am writing to inquire about the updates to my patient records as part of my ongoing care. Ensuring that my records are accurate and up-to-date is essential for my treatment and overall health.

Please let me know if there are any changes or additional information that you may need from my side to enhance my records. I appreciate your attention to this matter and look forward to your response.

Thank you for your continued care.

Sincerely,

[Your Name]