# Request for Updated Medical History

Date: [Insert Date]

To: [Doctor's Name]

[Doctor's Office/Clinic Name]

[Office Address]

[City, State, Zip Code]

Dear [Doctor's Name],

I hope this message finds you well. I am writing to kindly request an updated medical history. As I am in the process of [explain reason, e.g., changing physicians, preparing for a procedure], I believe having my most recent medical information will be beneficial.

Please include any relevant details regarding my previous treatments, medications, and any other medical conditions that I may have.

Thank you for your assistance in this matter. I appreciate your attention to this request.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]