

[Your Organization Name]
[Your Organization Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient Name]
[Recipient Title]
[Recipient Organization Name]
[Recipient Address]
[City, State, Zip Code]

Dear [Recipient Name],

Subject: EHR Verification Confirmation

We are writing to confirm the successful verification of the Electronic Health Record (EHR) for [Patient's Name or Patient ID]. Our records indicate that the verification process was completed on [Date of Verification].

The following details have been verified:

- Patient Name: [Patient's Full Name]
- Date of Birth: [Patient's Date of Birth]
- Health Record Number: [Patient's Health Record Number]
- Verification Date: [Date of Verification]
- Verified By: [Name of Verifier/Organization]

Please let us know if you require any further information or if there are any additional steps you would like us to take regarding this verification.

Thank you for your attention to this matter.

Sincerely,

[Your Name]
[Your Title]
[Your Organization Name]