

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

Dear [Recipient Name],

Subject: Inquiry Regarding EHR Verification

I hope this message finds you well. I am writing to request verification of specific details within the Electronic Health Record (EHR) for [Patient's Name], [Patient's Date of Birth], [Patient's Medical Record Number].

As part of our ongoing efforts to maintain the integrity of our patient records, we would appreciate your assistance in verifying the following information:

1. [Specific detail or entry to verify]
2. [Specific detail or entry to verify]
3. [Specific detail or entry to verify]

Please provide any related documentation or confirmations by [specific date], if possible. Should you have any questions or need further information, feel free to contact me at [your phone number] or [your email address].

Thank you for your cooperation and prompt attention to this matter.

Sincerely,

[Your Name]
[Your Title]
[Your Organization]
[Your Contact Information]