

[Your Organization's Letterhead]

[Date]

[Recipient Name]

[Recipient Title]

[Recipient Organization]

[Recipient Address]

[City, State, Zip Code]

Dear [Recipient Name],

Subject: Verification of Electronic Health Records for [Patient Name]

We are writing to confirm the electronic health records (EHR) for our patient, [Patient Name], with the following details:

- **Patient ID:** [Patient ID]
- **Date of Birth:** [Patient Date of Birth]
- **Date of Record Request:** [Date of Request]

The records include, but are not limited to:

- Medical history
- Treatment plans
- Medication lists
- Lab results
- Appointments
- Other relevant health information

This verification is intended to ensure the accuracy and integrity of the medical information provided. Should you require further information or additional documentation, please do not hesitate to contact us at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Your Contact Information]