

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

Dear [Recipient Name],

I am writing to verify the electronic health records (EHR) for [Patient Name], born on [Patient Date of Birth], who has been a patient at [Your Organization] since [Start Date].

The following information is included in our electronic health record system:

- Medical History: [Brief summary of medical history]
- Current Medications: [List of current medications]
- Recent Visits: [Dates and summary of recent visits]
- Treatment Plan: [Overview of treatment plan]

Please let me know if you require any additional information or documentation regarding [Patient Name]'s health records.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]
[Your Position]