

[Your Name]
[Your Title/Position]
[Your Organization]
[Your Address]
[City, State, ZIP Code]
[Email Address]
[Phone Number]
[Date]

[Recipient's Name]
[Recipient's Title/Position]
[Recipient's Organization]
[Recipient's Address]
[City, State, ZIP Code]

Dear [Recipient's Name],

Subject: Request for Verification of Electronic Health Records

I hope this letter finds you well. I am writing to formally request the verification of electronic health records for [Patient's Name], [Patient's Date of Birth], who is a patient at [Your Organization or Practice Name].

As part of our processes to ensure comprehensive care and accurate information management, we kindly ask you to verify the following details:

1. [Detail 1: e.g., Medical History]
2. [Detail 2: e.g., Current Medications]
3. [Detail 3: e.g., Previous Treatments]

Please send the verified information to us by [specific date if applicable]. If you need any further information or documentation to process this request, do not hesitate to contact me at [your phone number] or [your email address].

Thank you for your attention to this matter. I appreciate your cooperation.

Sincerely,

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