

Subject: EHR Verification Request

Dear [Recipient's Name],

I hope this message finds you well.

I am writing to request verification of the following electronic health record (EHR) details for [Patient's Name], date of birth [DOB], and medical record number [MRN]:

- Appointment Dates: [List Dates]
- Provider(s) Involved: [List Providers]
- Treatment Received: [Brief Description]
- Medications Prescribed: [List Medications]
- Lab Results: [Brief Summary]

Please confirm the accuracy of this information at your earliest convenience. If you require any additional details or have questions regarding this request, do not hesitate to reach out.

Thank you for your assistance.

Best regards,

[Your Full Name]

[Your Position]

[Your Organization]

[Your Contact Information]

[Date]