

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

Dear [Recipient's Name],

Subject: Request for Electronic Health Record Verification

I hope this letter finds you well. I am writing to request verification of the electronic health records for [Patient's Name], whose records we currently hold for [reason for verification, e.g., transfer of care, audit, etc.].

As part of our commitment to ensuring accurate and up-to-date information, we would appreciate your assistance in confirming the details contained within [specific record or data, e.g., treatment history, medications, allergy information].

Please find the necessary details of the patient below:

- Patient Name: [Patient's Full Name]
- Date of Birth: [Patient's DOB]
- Patient ID: [Patient's ID or Medical Record Number]

We kindly request your response by [specific date] to facilitate a timely resolution. Should you require any further information to assist in the verification process, please do not hesitate to contact me directly at [Your Phone Number] or [Your Email Address].

Thank you for your prompt attention to this matter.

Sincerely,

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