

[Your Organization's Letterhead]

[Date]

[Recipient's Name]

[Recipient's Title]

[Recipient's Organization]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

Subject: Request for EHR (Electronic Health Record) Verification

I hope this letter finds you well. We are writing to request verification of the Electronic Health Record (EHR) associated with [Patient's Name] (Date of Birth: [DOB]), who received medical services at our facility on [Date(s) of Service].

In order to comply with [reason for verification, e.g., regulatory requirements, quality assurance, etc.], we kindly ask you to confirm the following information:

1. [Specific information required - e.g., diagnosis, treatment rendered, dates of service]
2. [Any additional request for information]

Please send your response to [Your Organization's Contact Information] by [Deadline Date]. If you have any questions or require further information, feel free to reach out to us at [Your Contact Number] or [Your Email Address].

Thank you for your assistance in this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Your Contact Information]