Subject: Request for EHR Verification

Dear [Recipient's Name],

I hope this message finds you well.

As part of our ongoing efforts to ensure the accuracy and integrity of our Electronic Health Records (EHR), we kindly request your assistance in verifying the information currently housed within our system.

Please find below the details that require your review:

- Patient Name: [Patient's Name]
- Date of Birth: [Patient's DOB]
- Medical Record Number: [Patient's MRN]
- Encounter Date: [Date of Visit/Encounter]
- Key Information for Verification: [List specific data to verify, e.g., diagnosis, treatment, medications]

We would greatly appreciate your prompt attention to this matter. If you find any discrepancies or require further information, please do not hesitate to reach out to me directly.

Thank you for your cooperation.

Best regards,

[Your Name]
[Your Position]
[Your Organization]
[Your Contact Information]