

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

[Recipient's Name]
[Recipient's Title]
[MHS Genesis Office/Facility Name]
[Facility Address]
[City, State, Zip Code]

Dear [Recipient's Name],

Subject: Update of Medical History in MHS Genesis

I hope this letter finds you well. I am writing to request an update to my medical history in the MHS Genesis system. My details are as follows:

****Full Name:**** [Your Full Name]
****Date of Birth:**** [Your Date of Birth]
****Social Security Number:**** [Last Four Digits of SSN]
****Service Branch:**** [Your Service Branch]
****Patient ID (if applicable):**** [Patient ID]

I would like to update the following information in my medical history:

- [List of updates (e.g., new diagnoses, treatments received, medications prescribed, allergies, etc.)]
- [Additional information, if necessary]

Please let me know if you require any further information or documentation to complete this update. Thank you for your attention to this matter.

Sincerely,

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