[Your Name]
[Your Address]
[Your Phone Number]
[Date]

[Healthcare Provider/Facility Name]
[Medical Records Department]
[Facility Address]

Subject: Request to Correct Patient Demographic Information

To the Medical Records Department,

I am writing to request a formal correction to the demographic information in my medical records. I have identified inaccuracies in my file that need to be updated to ensure the accuracy of my medical history and billing information.

Patient Identification:
Full Name: [Full Name currently on file]
Date of Birth: [MM/DD/YYYY]
Patient Account/ID Number: [Number if known]

Please update the following information:

Current/Incorrect Information:
[Describe the incorrect information here, e.g., Old Address or Misspelled Name]

Correct/New Information:
[Provide the correct information here]

I have enclosed a copy of [Name of Document, e.g., Driver's License or Social Security Card] to verify these changes. Please update my electronic health record and notify me once these changes have been completed.

Thank you for your assistance in maintaining the accuracy of my records.

Sincerely,

[Your Signature]

[Your Printed Name]