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

[Date]

[Doctor's Name]
[Clinic or Facility Name]
[Clinic Address]

RE: Update to Medication List for [Your Full Name]

Dear [Doctor's Name/Medical Records Department],

I am writing to request an update to my official medical records regarding my current medications. Please replace any previous lists with the information provided below to ensure my chart is accurate for future treatments and prescriptions.

Current Prescription Medications:

- [Medication Name] - [Dosage, e.g., 20mg] - [Frequency, e.g., Once daily]
- [Medication Name] - [Dosage] - [Frequency]

Over-the-Counter Medications and Supplements:

- [Name] - [Dosage] - [Frequency]

Medications Discontinued:

- [Medication Name] - Stopped on [Date]

Known Allergies:

- [Allergen/Medication] - [Reaction experienced]

Please confirm once these changes have been updated in my electronic health record. Thank you for your assistance in maintaining my health records.

Sincerely,

[Your Signature]

[Your Printed Name]