[Your Full Name]
[Your Address]
[Your Phone Number]
[Your Email Address]

[Date]

[Doctor's Name or Hospital Administrator]
[Department Name]
[Medical Facility Name]
[Facility Address]

RE: Formal Request for Correction of Medical Records - [Your Full Name] - [Date of Birth]

Dear [Recipient Name],

I am writing to formally request a correction to my medical records regarding the diagnosis I received on [Date of Original Diagnosis].

Currently, my records state that I have been diagnosed with [Original Diagnosis]. However, based on [mention reason: e.g., subsequent testing, a second opinion from Dr. Name, or laboratory results], it has been determined that this diagnosis was incorrect. The accurate diagnosis is [Correct Diagnosis].

To support this request, I have enclosed the following documentation:

- [List document 1, e.g., Lab reports dated XX/XX/XXXX]
- [List document 2, e.g., Consult report from Specialist Name]

I kindly request that my health records be updated to reflect the correct diagnosis and that any reference to the misdiagnosis be noted as inaccurate to ensure the continuity and safety of my future medical care. Please also notify any healthcare providers to whom this incorrect information may have been sent.

Please provide written confirmation once these updates have been made. If this request is denied, I request a formal written explanation and that this letter be included in my permanent medical file as a statement of dispute.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]