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

[Date]

[Medical Provider Name]
[Clinic or Hospital Name]
[Department]
[Address]

RE: Request to Amend Medical Records - Removal of Incorrect Allergy Information

Dear Medical Records Department,

I am writing to formally request a correction to my medical records. Currently, my records state that I have an allergy to: **[Name of Medication/Food/Substance]**.

I am requesting that this allergy be removed from my active profile because it is incorrect. The reason for this request is: [Select one: I have never had a reaction to this substance / A recent allergy test confirmed I am not allergic / The previous reaction was a side effect, not an allergy].

Please update my electronic health record (EHR) and any physical files to reflect that I am not allergic to this substance. I have attached supporting documentation from [Name of Specialist/Doctor, if applicable] confirming this information.

Please notify me in writing once this change has been made. If you are unable to fulfill this request, please provide a written explanation and include this letter in my permanent file.

Thank you for your assistance in ensuring my medical information is accurate.

Sincerely,

[Your Signature]

[Your Printed Name]
[Date of Birth]
[Patient Account/ID Number]