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

[Date]

[Physician Name]
[Facility Name]
[Facility Address]

RE: Request to Amend Medical Records regarding consultation on [Date of Visit]

Dear [Physician Name or Medical Records Department],

I am writing to formally request an amendment to my medical records concerning the consultation notes from my visit on [Date of Visit]. After reviewing the records, I believe certain information is [inaccurate / incomplete / outdated].

I am requesting the following change(s):

Section to be amended: [Title of section, e.g., History of Present Illness or Physical Exam]

Current wording in record:
"[Insert the specific text you wish to change here]"

Requested correction/addition:
"[Insert the corrected information or the additional details here]"

Reason for amendment:
[Briefly explain why the change is necessary, e.g., the recorded symptom was left side instead of right, or a specific medication was omitted.]

Please include this letter in my permanent medical file and notify me in writing once the amendment has been processed. If you are unable to make the requested change, please provide a written explanation and include this request in my file as a statement of disagreement.

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

Sincerely,

[Your Signature]

[Your Printed Name]