

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Requirement for Regular Medical Record Update

Dear [Patient Name],

To ensure that we provide you with the safest and most effective healthcare possible, [Clinic/Hospital Name] requires all patients to update their medical records on a regular basis.

Please review and update the following information:

- Current mailing address and contact numbers
- Emergency contact information
- Current list of medications and dosages
- Known allergies
- Recent changes in medical history or surgical history
- Insurance provider details

You may update your records through our online patient portal at [Link] or by completing the attached forms and returning them to our front desk during your next visit.

Keeping this information current is vital for accurate diagnosis, treatment, and billing. We request that these updates be completed by [Deadline Date].

If you have any questions, please contact our office at [Phone Number].

Thank you for your cooperation.

Sincerely,

[Staff Name/Department]

[Clinic/Hospital Name]