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Date: \_\_\_\_\_

Insurance Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

RE: Request to amend patient records

Patient Name: \_\_\_\_\_

Dear Sir or Madam:

It has come to my attention that your records regarding my health status are in error.

At this time I require you to amend the records to reflect the following:

I expect these changes to be made within 5 business days and the amended copies sent to my dental provider. Thank you in advance for your anticipated cooperation in getting these records changed within the next 5 days.

Sincerely,

\_\_\_\_\_  
Patient's Name

\_\_\_\_\_  
Patient's Signature