

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Doctor's Name]

[Clinic/Hospital Name]

[Clinic/Hospital Address]

[City, State, Zip Code]

Dear [Doctor's Name],

I hope this message finds you well. I am writing to request the results of the gastrointestinal tests performed on [date of appointment]. As we discussed during my appointment, these results are crucial for determining the next steps in my treatment plan.

Please let me know if there are any forms or procedures I need to complete to facilitate this request. I appreciate your assistance and look forward to your prompt response.

Thank you for your attention to this matter.

Sincerely,

[Your Name]