

Request for Kidney Function Assessment

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Recipient's Title/Position]

[Medical Institution/Clinic Name]

[Institution Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to formally request a kidney function assessment for myself/my patient [Patient's Name, if applicable]. Due to [brief explanation of symptoms or reasons for the request], I believe it is essential to evaluate kidney function to ensure appropriate care and treatment.

Please let me know the necessary steps to schedule this assessment. I appreciate your attention to this matter and look forward to your prompt response.

Thank you for your assistance.

Sincerely,

[Your Name]