

Medical Check-up Outcome Report Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Your Email]

[Your Phone Number]

To,

[Recipient's Name]

[Recipient's Title]

[Hospital/Clinic Name]

[Hospital/Clinic Address]

[City, State, ZIP Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to formally request a copy of the outcome report from my recent medical check-up conducted on [Insert Date of Check-up] at your facility.

The details of my appointment are as follows:

- Patient Name: [Your Name]
- Date of Check-up: [Insert Date]
- Patient ID: [Your Patient ID]

I would greatly appreciate it if you could send the report at your earliest convenience. Please let me know if there are any forms or fees needed for this request.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]