

Your Name
Your Address
City, State, Zip Code
Email Address
Phone Number
Date

Recipient Name
Laboratory Name
Laboratory Address
City, State, Zip Code

Dear [Recipient Name],

I am writing to formally request the results of my laboratory tests conducted on [date of the tests] for insurance purposes. My personal details are as follows:

Patient Name: [Your Full Name]

Date of Birth: [Your Date of Birth]

Patient ID/Reference Number: [Your Patient ID or reference number]

Thank you for your assistance.

Sincerely,
[Your Name]