

Permission to Obtain Medical Test Outcomes

Date: _____

To Whom It May Concern,

I, **[Your Full Name]**, born on **[Your Date of Birth]**, hereby authorize **[Name of Authorized Person or Organization]** to obtain the outcomes of my medical tests conducted on **[Test Date]** at **[Medical Facility Name]**.

This authorization is being granted to facilitate **[Purpose of Authorization]**.

Please provide the necessary medical test outcomes to the authorized individual as requested.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Address]

[Your Phone Number]

[Your Email Address]