

Letter of Request for Test Results Authorization

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

Recipient's Name
Recipient's Title
Hospital/Clinic Name
Hospital/Clinic Address
City, State, Zip Code

Dear [Recipient's Name],

I am writing to formally request authorization for the release of my test results conducted on [date of the test]. The details of the tests are as follows:

- Type of Test: [Specify type of test]
- Date of Test: [Specify test date]
- Patient ID: [Your Patient ID]

As I require these results for [reason for request, e.g., follow-up consultation, medical records], I would appreciate your prompt attention to this matter. Please let me know if any additional information is required to process my request.

Thank you for your assistance.

Sincerely,
Your Name
Your Signature (if sending a hard copy)