Medical Procedure Report Request

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Job Title]

[Company/Facility Name]

[Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to request a medical procedure report for [Employee's Name], who underwent [specific procedure] on [date of procedure]. This report is necessary for the workplace health assessment and to ensure appropriate follow-up care.

Please include details such as the nature of the procedure, findings, and any recommendations for workplace accommodations, if applicable.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Job Title]

[Your Company/Organization]

[Your Contact Information]