

Request for Access to Health Examination Results

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[Recipient's Position]

[Healthcare Facility Name]

[Facility Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to formally request access to my health examination results conducted on [date of examination] at [name of healthcare facility].

As a patient, I understand the importance of being informed about my health and medical history. Therefore, I would appreciate if you could provide me with a copy of my examination results at your earliest convenience.

If there are any forms or identification required to process this request, please let me know, and I will provide them promptly.

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

Sincerely,

[Your Name]