

# Request for Medical Test Findings

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Recipient's Name]

[Recipient's Title]

[Medical Facility/Hospital Name]

[Facility Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to request the findings of my recent medical tests performed on [Insert Date of Test]. The tests conducted were [briefly list tests, e.g., blood work, MRI, etc.].

As I have not yet received the results, I would appreciate it if you could provide me with the findings at your earliest convenience. If there are any forms or procedures I need to complete to obtain this information, please let me know.

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

Sincerely,

[Your Name]