

Request for Health Assessment Results

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Title]

[Company/Organization Name]

[Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to formally request the results of my recent health assessment conducted on [Date of Assessment]. As part of my ongoing commitment to monitor and manage my health effectively, I believe that reviewing these results is essential.

For your reference, my details are as follows:

Name: [Your Name]

Date of Birth: [Your Date of Birth]

Contact Information: [Your Email and/or Phone Number]

Please let me know if there are any forms or additional information you require from my side to facilitate this request. I appreciate your assistance in this matter and look forward to your prompt response.

Thank you for your attention to this request.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]