

# Demand for Medical Evaluation Results

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

## **Recipient's Name**

Recipient's Title  
Medical Facility Name  
Facility Address  
City, State, Zip Code

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to formally request the results of my recent medical evaluation conducted on [date of evaluation]. As a patient, I have the right to access my medical records, including the results from this evaluation.

My patient identification number is [Patient ID]. I would appreciate it if you could provide me with the results at your earliest convenience, as they are critical for my ongoing health management.

If there are any forms or procedures I need to complete to facilitate this request, please let me know. Thank you for your attention to this matter, and I look forward to your prompt response.

Sincerely,  
[Your Name]