

Request for Medical Test Report Access

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Recipient's Position]

[Medical Institution/Clinic Name]

[Institution Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request access to my medical test report conducted on [Insert Date of Test] at your facility. My full name is [Your Full Name], and my date of birth is [Your Date of Birth].

Please let me know if any additional information or documentation is needed to process my request.

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

Sincerely,

[Your Name]