

# Petition for Release of Diagnostic Test Results

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Recipient's Title/Position]

[Facility/Organization Name]

[Facility Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request the release of my diagnostic test results conducted on [insert date of the test] at [facility name]. As the patient, I believe it is my right to access this information, which is critical for my ongoing healthcare and treatment decisions.

Details of the Test:

- Test Type: [Type of Test]
- Date of Test: [Date]
- Patient ID: [Patient ID if applicable]

I kindly ask that these results be sent to me at your earliest convenience, or that I be informed of an appropriate time to collect them in person. If there are any forms or procedures that I need to complete to facilitate this request, please let me know.

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

[Your Name]