

Letter of Appeal for Supplementary Test Results

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

[Recipient's Name]
[Institution or Organization Name]
[Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to formally appeal for the supplementary test results pertaining to my recent medical review conducted on [Date of Medical Review].

Unfortunately, I have not received the results, and this information is crucial for my ongoing treatment and well-being. I understand that there may be various reasons for this delay; however, I kindly request an update on the status of my results.

I would appreciate any assistance or information you could provide me regarding this matter. Thank you for your attention to my request. I look forward to your prompt response.

Sincerely,

[Your Name]