

Application for Additional Copies of Laboratory Test Results

Your Name

Your Address

City, State, Zip Code

Email Address

Phone Number

Date: [Insert Date]

To,

The Medical Records Department,
[Name of Hospital/Clinic]
[Address of Hospital/Clinic]
[City, State, Zip Code]

Subject: Request for Additional Copies of Laboratory Test Results

Dear Sir/Madam,

I am writing to request additional copies of my laboratory test results for consultation purposes. My name is [Your Full Name], and my date of birth is [Your Date of Birth]. I recently underwent tests on [Date of Tests] and would like to obtain copies for my records.

Please find my identification details below:

- Patient ID: [Your Patient ID]
- Date of Tests: [Date of Tests]

I would appreciate it if you could send the copies to my address mentioned above or provide instructions for picking them up in person.

Thank you for your assistance. I look forward to your prompt response.

Sincerely,

[Your Name]