

Inquiry for Duplicate Test Result Documents

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

[Recipient's Name]

[Medical Institution's Name]

[Institution's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to request duplicate copies of my test result documents conducted on [insert date of the test] at your facility. These documents are required for insurance purposes.

My details are as follows:

- Full Name: [Your Full Name]
- Date of Birth: [Your Date of Birth]
- Patient ID (if applicable): [Your Patient ID]

I would appreciate your assistance in providing these documents at your earliest convenience. If there are any forms or fees required, please let me know how to proceed.

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

Sincerely,

[Your Name]