

Inquiry for Extra Copies of Test Results

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

To: [Recipient's Name or Department]

[Healthcare Facility Name]

[Healthcare Facility Address]

[City, State, Zip Code]

Dear [Recipient's Name or Title],

I hope this message finds you well. I am writing to request additional copies of my recent test results conducted on [insert date of tests] under the patient ID [insert patient ID if applicable]. I would like to share these results with my healthcare providers to ensure they have the most accurate and up-to-date information regarding my health.

Could you please inform me about the process to obtain these extra copies? If there are any forms I need to complete or fees associated with this request, kindly let me know at your earliest convenience.

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

Sincerely,

[Your Name]