

Petition for Additional Lab Result Copies

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Recipient's Name]

[Recipient's Title]

[Company/Organization Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request additional copies of my lab results for [specific tests or date of testing] conducted on [date of testing]. These documents are crucial for maintaining accurate records in our office file.

For your reference, my personal information is as follows:

- **Name:** [Your Full Name]
- **Date of Birth:** [Your DOB]
- **Patient ID:** [Your Patient ID]

Please let me know if there are any forms or fees associated with this request. Your assistance in this matter is greatly appreciated.

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

Sincerely,

[Your Name]