Request for Multiple Copies of Test Results

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[Recipient's Title]

[Name of the Hospital/Clinic]

[Hospital/Clinic Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to request multiple copies of test results for my family medical history. I would appreciate your assistance in providing these documents, as they are essential for our medical records.

Specifically, I am requesting copies of the following test results:

- [Test Name 1] - [Date]
- [Test Name 2] - [Date]
- [Test Name 3] - [Date]

Please send the copies to the address listed above, or inform me if they can be sent via email.

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

Sincerely,

[Your Name]