

# Request for Additional Test Result Reports

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Physician's Name]

[Physician's Address]

[City, State, Zip Code]

Dear [Physician's Name],

I hope this message finds you well. I am writing to request copies of my recent test results conducted on [Date of Tests] at [Facility Name]. I am seeking a second opinion regarding my condition and believe that having access to the complete test results will be beneficial for the consultation.

Please send the additional reports to my email address or to my home address listed above. If there are any forms or fees required for obtaining these documents, do let me know.

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

Sincerely,

[Your Name]