

Authorization Letter for Annual Health Tests

Date: [Insert Date]

To Whom It May Concern,

I, [Your Name], residing at [Your Address], hereby authorize [Name of the Healthcare Provider or Organization] to conduct my annual health tests. This includes, but is not limited to, blood tests, physical examinations, and any necessary screenings that are deemed necessary by the healthcare provider.

I understand that the results of these tests will be used for my health assessment and may be shared with my primary physician for further evaluation.

Please feel free to contact me at [Your Phone Number] or [Your Email Address] should you require any additional information.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Typed Name]

[Your Date of Birth]