

Lab Test Referral Request for Imaging Studies

From: [Your Name]

Position: [Your Position]

Department: [Your Department]

Contact Information: [Your Email] | [Your Phone Number]

To: [Radiology Department]

Facility Name: [Facility Name]

Address: [Facility Address]

Date: [Date]

Subject: Referral Request for Imaging Studies

Dear [Recipient's Name],

I am writing to refer my patient, [Patient's Name], for imaging studies. Details of the patient are as follows:

- **Patient ID:** [Patient ID]
- **Date of Birth:** [Patient's Date of Birth]
- **Reason for Referral:** [Reason for Imaging Studies]
- **Specimen Type:** [Type of Imaging Studies Required]
- **Relevant Medical History:** [Brief Medical History]

I appreciate your timely attention to this request and look forward to your report.

Thank you.

Sincerely,

[Your Name]

[Your Position]

[Your Department]