

# Lab Test Referral Request

Date: [Insert Date]

To: [Lab Name]

Address: [Lab Address]

Patient Information:

Name: [Patient Name]

Date of Birth: [Patient DOB]

Contact Number: [Patient Contact]

Referring Physician:

Name: [Physician Name]

Practice Name: [Practice Name]

Phone Number: [Physician Phone]

Dear [Lab Technician/Manager],

I am writing to request routine blood work for my patient, [Patient Name]. Please conduct the following tests:

- Complete Blood Count (CBC)
- Basic Metabolic Panel (BMP)
- Lipid Profile

Indications for testing:

[Brief explanation of why tests are necessary]

Please send the results to my office at [Office Address] or fax them to [Fax Number].

Thank you for your attention to this matter.

Sincerely,

[Physician Signature]

[Physician Name]

[Physician NPI Number]