

Lab Test Referral Request

Referring Physician: Dr. John Smith

Practice Name: HealthCare Clinic

Address: 123 Wellness Ave, Health City, HC 12345

Phone: (123) 456-7890

Date: [Insert Date]

Patient Information

Name: Jane Doe

Date of Birth: [Insert DOB]

Patient ID: [Insert Patient ID]

Test Referral

Dear Lab Tech,

I am referring the patient, **Jane Doe**, for a urine analysis to evaluate the following:

- Routine screening
- Suspected urinary tract infection
- Monitoring of existing conditions

Please conduct the necessary tests and report back with the findings.

Additional Notes

If you have any questions, please contact me at the above phone number.

Thank you for your assistance.

Sincerely,

Dr. John Smith