

# Diagnostic Imaging Scheduling Request

**Date:** [Insert Date]

**To:** [Imaging Center Name]

**Address:** [Imaging Center Address]

**Phone:** [Imaging Center Phone Number]

Dear [Imaging Center Staff/Physician Name],

I am writing to request scheduling for diagnostic imaging for my patient, [Patient's Full Name], who is under my care. Below are the relevant details for the request:

- **Patient ID:** [Patient ID]
- **Date of Birth:** [Patient DOB]
- **Type of Imaging:** [MRI/CT/X-Ray/etc.]
- **Reason for Imaging:** [Brief Description]
- **Preferred Appointment Date:** [Preferred Date]
- **Referring Physician:** [Your Name and Contact Information]

Please let me know if you require any additional information or if there are specific forms that need to be completed prior to the appointment.

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

Sincerely,

[Your Name]

[Your Title/Position]

[Your Institution/Practice Name]

[Your Contact Information]