[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient's Name]
[Recipient's Title/Position]
[Organization/Facility Name]
[Address]
[City, State, Zip Code]
Dear [Recipient's Name],
Subject: Request for PCR Test
I am writing to request a Polymerase Chain Reaction (PCR) test for COVID-19. Below are my details:
- Full Name: [Your Full Name]
- Date of Birth: [Your Date of Birth]
- Address: [Your Address]
- Phone Number: [Your Phone Number]
- Email Address: [Your Email Address]
- Insurance Information (if applicable): [Insurance Provider and Policy Number]
Reason for Test: [Briefly explain the reason for the test, e.g., symptoms, travel, exposure to a confirmed case, etc.]
Preferred Testing Date: [Your preferred date for the test]
Preferred Location: [Any preferred testing location, if applicable]
I would appreciate any information regarding the availability of testing slots and any preparations I need to make prior to the test.
Thank you for your assistance. I look forward to your prompt response.
Sincerely,
[Your Name]
[Your Signature (if sending a hard copy)]