

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

[Recipient's Name]
[Healthcare Facility Name]
[Facility Address]
[City, State, Zip Code]

Dear [Recipient's Name],

Subject: Request for PCR Test Results

I hope this message finds you well. I am writing to formally request the results of my PCR test conducted on [Date of Test] at your facility. My patient information is as follows:

Full Name: [Your Full Name]

Date of Birth: [Your Date of Birth]

Patient ID (if applicable): [Your Patient ID]

I would greatly appreciate it if you could provide me with the results at your earliest convenience, as they are important for my ongoing health management.

Thank you for your assistance.

Sincerely,

[Your Name]