

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Physician's Name]
[Medical Practice or Hospital Name]
[Address]
[City, State, Zip Code]

Dear [Physician's Name],

I hope this message finds you well. I am writing to request a tuberculosis (TB) test at your earliest convenience.

[Optional: Briefly explain the reason for the request, e.g., new job requirement, recent exposure, etc.]

I would appreciate your guidance on the testing process and any necessary preparations. Please let me know if you need any additional information from my end.

Thank you for your attention to this matter.

Sincerely,
[Your Name]