

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

Dear [Recipient Name],

I hope this message finds you well. I am writing to request an appointment for a tuberculosis (TB) test at your facility.

My details are as follows:

- Full Name: [Your Full Name]
- Date of Birth: [Your Date of Birth]
- Insurance Information (if applicable): [Your Insurance Details]

I would appreciate it if you could provide me with the available dates and times for the appointment. If any additional information is required, please let me know.

Thank you for your assistance. I look forward to your prompt response.

Sincerely,
[Your Name]