

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient's Name]
[Recipient's Title]
[Healthcare Facility/Organization Name]
[Facility Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to request a Tuberculosis (TB) test for [reason for the test, e.g., employment, travel, etc.].

Please find my details below for your reference:

- Full Name: [Your Full Name]
- Date of Birth: [Your Date of Birth]
- Insurance Information: [Your Insurance Provider and Policy Number if applicable]

I would appreciate it if you could schedule an appointment at your earliest convenience. If you require any further information or documentation, please let me know.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]