

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Recipient Name]  
[Recipient Position]  
[Medical Facility/Organization Name]  
[Facility Address]  
[City, State, Zip Code]

Dear [Recipient Name],

I am writing to request a copy of my medical records regarding the tuberculosis (TB) testing I underwent on [date of test] at [name of facility].

For your reference, my full name is [Your Full Name], and my date of birth is [Your Date of Birth]. My medical record number (if applicable) is [Your Medical Record Number].

Please include all relevant information related to the TB test, including the type of test performed (e.g., Mantoux skin test, TB blood test), the results, and any additional notes from the attending physician.

Thank you for your assistance. If you need any further information, please feel free to contact me at [Your Phone Number] or [Your Email Address].

Sincerely,

[Your Signature (if sending a hard copy)]  
[Your Printed Name]