

[Your Name]  
[Your Address]  
[City, State, ZIP Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Recipient's Name]  
[Recipient's Title]  
[Hospital/Clinic Name]  
[Address]  
[City, State, ZIP Code]

Dear [Recipient's Name],

I am writing to request a ventilation-perfusion (VQ) scan for [Patient's Name], [Patient's Age], who has been experiencing [brief description of symptoms or medical condition].

The purpose of the scan is to [explain the reason for the test, e.g., rule out pulmonary embolism, assess lung function, etc.].

Please let me know the available dates for the procedure and any necessary preparations the patient should undertake.

Thank you for your attention to this matter.

Sincerely,

[Your Name]  
[Your Title/Relationship to Patient]