

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

[Recipient Name]
[Recipient Title]
[Facility/Organization Name]
[Facility Address]
[City, State, Zip Code]

Dear [Recipient Name],

I am writing to request a VQ scan for [Patient's Name], born on
[Patient's Date of Birth], due to [brief reason for the scan, e.g.,
symptoms, medical condition].

Please find attached the relevant medical history and any necessary
referral information.

Thank you for your attention to this matter.

Sincerely,

[Your Name]
[Your Title/Position, if applicable]
[Your Institution/Organization, if applicable]