

[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],

Subject: Request for VQ Scan Appointment

I hope this letter finds you well. I am writing to request an appointment for a ventilation-perfusion (VQ) scan. My physician, [Physician's Name], recommended this test for [brief reason for the test, e.g., potential lung issues, assessment of pulmonary embolism].

Below are the details pertinent to my medical history:

- Patient Name: [Your Full Name]
- Date of Birth: [Your Date of Birth]
- Medical Record Number (if applicable): [Your MRN]
- Referring Physician: [Physician's Name and Contact Information]

I understand the importance of this scan in diagnosing my condition and would appreciate any available dates for the procedure. Please let me know if there are any pre-procedure instructions I should follow.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]