

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

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

Dear [Recipient's Name],

Subject: Submission of VQ Scan Request

I am writing to formally submit a request for a ventilation-perfusion (VQ) scan for [Patient's Name], [Patient's Date of Birth]. The purpose of this scan is to [briefly explain the reason for the scan, e.g., evaluate for pulmonary embolism, assess lung function, etc.].

Patient Details:

- Patient Name: [Patient's Name]
- Date of Birth: [Patient's DOB]
- Medical Record Number: [Patient's MRN]
- Referring Physician: [Referring Physician's Name]

Clinical History:

[Provide a brief summary of the patient's clinical history and relevant medical information that supports the request for the VQ scan.]

Requested Date of Scan: [Preferred date for the scan, if applicable]

Please find attached the relevant medical records and any other necessary documentation for your review.

Thank you for your attention to this matter. If you require any additional information, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Sincerely,

[Your Name]
[Your Title/Position] (if applicable)
[Your Institution/Organization] (if applicable)