

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Recipient's Name]  
[Recipient's Title]  
[Recipient's Institution/Organization]  
[Address]  
[City, State, Zip Code]

Dear [Recipient's Name],

Subject: Request for VQ Scan Referral

I hope this letter finds you well. I am writing to request a referral for a ventilation-perfusion (VQ) scan due to [briefly explain the reason, e.g., persistent respiratory symptoms, medical condition, etc.].

After discussing my symptoms with my healthcare provider, [Doctor's Name], I believe that a VQ scan would be a valuable diagnostic tool to [explain the purpose, e.g., assess lung function, evaluate for pulmonary embolism, etc.].

I would greatly appreciate your assistance in facilitating this referral. Please let me know if you require any further information from my end or if you recommend scheduling an appointment to discuss this matter further.

Thank you for your attention to this request.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Date of Birth] (optional)