

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

[Recipient's Name]  
[Recipient's Title]  
[Recipient's Organization]  
[Organization 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 as part of my ongoing medical evaluation.

Patient Information:

- Name: [Your Full Name]
- Date of Birth: [Your Date of Birth]
- Medical Record Number: [Your Medical Record Number]

Details of Request:

- Reason for VQ Scan: [Brief Description of Medical Condition or Symptoms]
- Physician's Name: [Referring Physician's Name]
- Preferred Date(s) for Appointment: [List of Dates]

I would appreciate it if you could provide me with available times for this procedure. Please let me know if any additional information or documentation is needed.

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]