

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

Dear [Recipient's Name],  
Subject: VQ Scan Request

I hope this message finds you well. I am writing to request a VQ scan for [Patient's Name], who is [Patient's Age, if applicable] and has been experiencing [brief description of symptoms or reason for scan].

The details of the patient are as follows:

- Patient ID: [Patient ID]
- Date of Birth: [DOB]
- Referral Source: [Referring Physician's Name]

The requested scan will assist in diagnosing [specific medical condition or needs]. Please let me know the available dates for scheduling the scan as well as any preparatory instructions required prior to the procedure. Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]  
[Your Job Title]  
[Your Institution/Organization Name]