

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

[Recipient's Name]
[Recipient's Position]
[Company/Organization Name]
[Company Address]
[City, State, Zip Code]

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

I hope this letter finds you well. I am writing to request a VQ scan for [Patient's Name], who was referred by [Referring Physician's Name] on [Referral Date].

Patient Information:

- Name: [Patient's Name]
- Date of Birth: [DOB]
- Medical Record Number: [MRN]
- Insurance Information: [Insurance Provider & Policy Number]

Reason for Request:

[Briefly explain the reason for the VQ scan and any relevant medical history or symptoms.]

Preferred Date and Time:

[Indicate any preferred dates/times for the scan.]

Attached are [any necessary documents, referrals, etc.]. Please let me know if you need further information.

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]

[Your Position/Title]

[Your Affiliation or Organization]