

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

[Recipient's Name]
[Recipient's Title]
[Recipient's Institution/Organization]
[Recipient's 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 medical evaluation.

Patient Information:

- Name: [Patient's Full Name]
- Date of Birth: [Patient's DOB]
- Medical Record Number: [MRN, if applicable]

I have been experiencing [brief description of symptoms or reasons for the scan] and my physician, [Physician's Name], has recommended this procedure to assist in further diagnosis and treatment.

Please let me know the available dates and times for the VQ scan, along with any necessary preparations I need to undertake prior to the appointment.

Thank you for your assistance. I look forward to your prompt response.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]