

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

[Recipient Name]
[Recipient Title]
[Recipient Organization]
[Recipient Address]
[City, State, Zip Code]

Dear [Recipient Name],

Subject: VQ Scan Guidelines

I hope this message finds you well. Below, please find the guidelines for preparing and submitting the VQ scan request:

1. ****Eligibility Criteria****

- Ensure the patient meets the necessary criteria for the VQ scan. List specific indications for the scan.

2. ****Pre-Scan Preparation****

- Outline any required patient preparation, including fasting or medication adjustments.

3. ****Documentation Requirements****

- Specify necessary documents for submission, such as referral forms, medical history, and any prior imaging results.

4. ****Scheduling Information****

- Provide guidance on how to schedule the scan, including contact details and preferred timeframes.

5. ****Post-Scan Protocol****

- Detail follow-up procedures and timing for results to be communicated to the referring physician.

6. ****Billing and Insurance****

- Include information on billing processes, insurance coverage, and any financial assistance options.

7. ****Contact Information for Queries****

- Provide your contact details for any questions or clarifications regarding the VQ scan process.

Thank you for your attention to these guidelines. Please feel free to reach out if you have any questions or need further assistance.

Sincerely,

[Your Name]
[Your Title]
[Your Organization]