

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

[Recipient Name]  
[Medical Facility Name]  
[Facility Address]  
[City, State, Zip Code]

Subject: Authorization for WBC Test

Dear [Recipient Name],

I am writing to authorize [Name of Patient] to undergo a White Blood Cell (WBC) test at your facility. This test is needed to evaluate [brief reason for the test, e.g., symptoms, routine check-up, etc.].

Patient Details:

- Name: [Name of Patient]
- Date of Birth: [DOB]
- Patient ID (if applicable): [ID]

I understand the procedure involved in the WBC test and consent to the necessary blood collection for this purpose. Please find my contact information above should you require any further details.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]