

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

Dear [Recipient's Name],

Subject: Justification for White Blood Cell (WBC) Test

I am writing to provide a justification for the White Blood Cell (WBC) test for my patient, [Patient's Name], with medical ID [Patient ID or Number]. This test is necessary to assess [specific condition or symptoms] that the patient is currently experiencing.

Details of the patient's condition and rationale for the test include:

1. **Clinical Symptoms**: [Describe relevant symptoms, such as fever, fatigue, or any other related symptoms].
2. **Patient History**: [Explain any pertinent medical history that justifies the need for a WBC test, such as previous infections or diagnoses].
3. **Preliminary Assessment**: [Mention any initial evaluations that have raised concern and led to the recommendation for a WBC test].
4. **Purpose of the Test**: The WBC test will help in [explain how the test will assist in diagnosis, treatment, or monitoring of the patient's condition].

Given the above points, I believe that conducting a WBC test is essential for the appropriate management of [Patient's Name]'s health. I appreciate your attention to this matter and look forward to your prompt approval. Thank you for considering this justification.

Sincerely,

[Your Name]  
[Your Title/Position]  
[Your Organization]