

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

[Recipient's Name]
[Referral Clinic/Department Name]
[Recipient's Address]
[City, State, Zip Code]

Dear [Recipient's Name],

Re: Referral for VQ Scan - [Patient's Name]

I am writing to refer [Patient's Name], [Patient's Age] years old, for a Ventilation-Perfusion (VQ) scan. [He/She/They] has presented with [brief summary of medical history and reason for referral].

Relevant medical history includes:

- [List any relevant medical conditions, surgeries, or medications]

The reason for this referral is to [provide a brief explanation of symptoms or concerns justifying the VQ scan].

Please find the following information attached:

- Recent lab results
- Imaging studies
- A list of medications

I appreciate your attention to this referral. Please do not hesitate to contact me if you require further information.

Thank you for your assistance.

Sincerely,

[Your Name]
[Your Position]
[Your Clinic Name]