

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

Dear [Recipient's Name],

Subject: VQ Scan Intake Submission

I am writing to formally submit my intake information for the VQ scan scheduled on [date] at [location]. Please find the necessary information below:

**\*\*Patient Information:\*\***

- Full Name: [Your Full Name]
- Date of Birth: [DOB]
- Medical Record Number: [MRN if applicable]
- Contact Number: [Your Phone Number]
- Insurance Provider: [Your Insurance Provider]
- Policy Number: [Your Policy Number]

**\*\*Medical History:\*\***

- Current Medications: [List of Medications]
- Allergies: [List of Allergies]
- Relevant Medical Conditions: [List any relevant conditions]

**\*\*Referring Physician:\*\***

- Name: [Referring Physician's Name]
- Contact Number: [Physician's Phone Number]
- Clinic/Hospital: [Physician's Clinic/Hospital Name]

Please let me know if you require any further information or documentation. I look forward to your prompt response regarding the next steps in the process.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]