

[Your Name]  
[Your Title/Position]  
[Your Organization]  
[Your Contact Information]  
[Date]

[Referral Recipient's Name]  
[Recipient's Title/Position]  
[Recipient's Organization]  
[Recipient's Contact Information]

Dear [Referral Recipient's Name],

Subject: Referral Request for VQ Scan

I am writing to refer [Patient's Name], [Patient's Age], who has been experiencing [brief description of symptoms]. After a thorough evaluation, I believe that a VQ scan is necessary to further investigate [specific concerns].

Patient Information:

- Name: [Patient's Full Name]
- Date of Birth: [Patient's DOB]
- Medical Record Number: [Patient's MRN]
- Insurance Information: [Insurance Provider and Policy Number]

Clinical History:

[Provide relevant medical history and any pertinent test results.]

Indication for VQ Scan:

[Clearly state the reason for the VQ scan request.]

Please schedule the scan at your earliest convenience and let me know if any further information is needed.

Thank you for your attention to this matter.

Sincerely,

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