

Referral specifically for tests

Subject: Referral for Diagnostic Testing

Dear [Lab/Diagnostic Center Name],

Please conduct the following tests for my patient, [Patient Name], aged [Age]: [List of Tests]. The patient has been evaluated for [Condition/Symptoms], and these investigations are necessary for accurate diagnosis.

Attached are prior reports and relevant medical history for reference.

Thank you for your assistance.

Sincerely,

[Doctor Name]

[Clinic/Hospital Name]

[Contact Information]

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