Date: [Insert Date]

To: [Recipient Name/Medical Provider]
Facility: [Facility Name]
Address: [Recipient Address]

Subject: Transmittal of Diagnostic Reports and Laboratory Results

Patient Name: [Patient Full Name]
Date of Birth: [DOB]
Patient ID/Record Number: [ID Number]

Dear [Recipient Name],

Please find attached the diagnostic reports and laboratory results for the patient mentioned above. These records are being provided for [Reason for sending: e.g., specialist referral, follow-up consultation, or medical record update].

List of Enclosures:

- [Date] - [Type of Test: e.g., Complete Blood Count (CBC)] - [Lab/Facility Name]
- [Date] - [Type of Imaging: e.g., Chest X-Ray] - [Radiology Center]
- [Date] - [Type of Report: e.g., Pathology Report] - [Provider Name]
- [Date] - [Type of Test: e.g., Metabolic Panel] - [Lab/Facility Name]

Total number of pages attached: [Insert Number]

If you have any questions regarding these documents or require further clarification, please contact my office at [Phone Number] or [Email Address].

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Title/Organization]