[Your Name]
[Your Address]
[Your Phone Number]
[Your Email]

[Date]

[Doctor's Name]
[Clinic/Hospital Name]
[Clinic Address]

Re: Request for Repeat Comprehensive Metabolic Panel (CMP)

Dear Dr. [Doctor's Last Name],

I am writing to formally request a repeat of my Comprehensive Metabolic Panel (CMP) testing. My last panel was conducted on [Date of last test].

I am requesting this follow-up test due to the following reasons:

- [Reason 1: e.g., Monitoring of previous abnormal levels in (specific value)]
- [Reason 2: e.g., Ongoing symptoms such as fatigue or nausea]
- [Reason 3: e.g., Follow-up on medication adjustments]

I would like to compare these new results with my previous baseline to better understand my current health status and ensure my metabolic functions are within the normal range.

Please let me know if you can provide the lab order electronically or if I need to schedule a brief appointment to discuss this request further. I am also interested in receiving a copy of the results once they are available.

Thank you for your time and continued care.

Sincerely,

[Your Signature]

[Your Printed Name]