

[Your Name]
[Your Date of Birth]
[Your Phone Number]
[Your Email Address]

[Date]

[Recipient Name or Medical Records Department]
[Name of Hospital or Imaging Center]
[Address of Facility]

Subject: URGENT: Request for CT Scan Diagnostic Reports and Images

To Whom It May Concern,

I am writing to formally request an expedited copy of my diagnostic reports and the original images for the CT scan performed at your facility.

Patient Details:

Full Name: [Your Full Name]
Date of Birth: [MM/DD/YYYY]
Patient ID Number (if known): [ID Number]
Date of CT Scan: [Date of Procedure]
Type of Scan: [e.g., CT Abdomen, CT Head]

This request is **urgent** because these results are required for an upcoming appointment with a specialist on [Date of Appointment]. I require these records to ensure there is no delay in my medical treatment plan.

Please provide the following:

1. The formal radiologist's written report.
2. The digital images (via CD, secure download link, or patient portal).

Please let me know once the records are ready for collection or if they can be sent electronically to [Email Address/Fax Number].

Thank you for your immediate attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]