

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

[Date]

[Doctor's Name or Medical Facility Name]  
[Clinic/Hospital Address]  
[City, State, Zip Code]

RE: Request for Medical Records - Comprehensive Metabolic Panel (CMP)

Dear [Doctor's Name or Records Department],

I am writing to formally request a copy of the results for my Comprehensive Metabolic Panel (CMP) performed on [Date of Test]. My date of birth is [Your Date of Birth].

Please provide the full laboratory report, including the numerical values for all components (such as glucose, electrolytes, kidney function, and liver enzymes) along with the reference ranges used by the lab.

You may deliver these records to me via the following method:

- [Secure Patient Portal]
- [Email Address]
- [Mailing Address]

If there are any forms I need to sign or fees associated with this request, please let me know as soon as possible.

Thank you for your assistance.

Sincerely,

[Your Signature]

[Your Printed Name]