

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

[Date]

[Physician's Name]  
[Clinic/Hospital Name]  
[Department]

**RE: Request for [Specific Diagnostic Modality, e.g., MRI, CT Scan, PET Scan]**

Dear Dr. [Physician's Last Name],

I am writing to formally request a referral for a [Specific Diagnostic Modality] to further evaluate my current symptoms, specifically [List main symptoms or concerns].

Despite previous assessments, I am concerned that [mention reason for request, e.g., symptoms are persisting, previous tests were inconclusive, or need for specialized imaging]. I believe this specific diagnostic tool will provide the necessary clarity to establish a definitive diagnosis and guide an effective treatment plan.

I have researched this modality and understand it is the standard for evaluating [mention specific condition or body part]. I would appreciate it if you could provide the necessary medical requisition or authorization required by my insurance provider.

Please let me know if a follow-up appointment is required to discuss this request further, or if you need any additional information from me.

Thank you for your time and continued care.

Sincerely,

[Your Signature]  
[Your Printed Name]