

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Doctor's Name]
[Doctor's Title]
[Medical Institution/Practice Name]
[Institution/Practice Address]
[City, State, Zip Code]
Dear Dr. [Doctor's Last Name],
[Opening paragraph: Briefly introduce yourself and state the purpose of your letter.]
[Second paragraph: Provide additional details or background information related to your correspondence.]
[Third paragraph: State any requests or questions you have, and express your expectations.]
[Closing paragraph: Thank the doctor for their attention and assistance, and express hope for a prompt response.]
Sincerely,
[Your Name]
[Your Title/Relation to patient, if applicable]