

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]

[Doctor's Name]  
[Doctor's Practice Name]  
[Practice Address]  
[City, State, Zip Code]

Dear Dr. [Doctor's Last Name],

[Opening paragraph: State the purpose of your letter clearly and concisely.]

[Second paragraph: Provide any necessary details or background information related to your request or communication.]

[Closing paragraph: Express appreciation and indicate any follow-up actions if necessary.]

Sincerely,  
[Your Name]