

[Your Name]
[Your Address]
[City, State, ZIP Code]
[Email Address]
[Phone Number]
[Date]
[Healthcare Provider's Name]
[Healthcare Facility Name]
[Facility Address]
[City, State, ZIP Code]

Dear [Healthcare Provider's Name or "Scheduling Department"],
I hope this message finds you well. I am writing to request an appointment for [reason for appointment, e.g., a routine check-up, consultation, etc.].

Preferred Dates and Times:

1. [First preferred date and time]
2. [Second preferred date and time]
3. [Third preferred date and time]

Please let me know if any of the above options are available, or if there are alternative dates that you would recommend.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,
[Your Name]