

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

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

Dear Dr. [Doctor's Last Name],
Subject: Request for Medical Consultation

I hope this message finds you well. I am writing to request a medical consultation regarding [briefly describe the health concern or condition].

[Provide a brief summary of your medical history related to the concern, including any relevant symptoms, previous diagnoses, treatments, and medications]

I would appreciate it if we could schedule an appointment at your earliest convenience. Please let me know if there are any specific procedures or forms I need to complete prior to our meeting.

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

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]