

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

Dear [Eye Clinic Administrator/Doctor's Name],

I hope this message finds you well. I am writing to request an appointment for an eye examination at your clinic.

I have been experiencing [briefly describe your symptoms or reason for the appointment, e.g., "blurred vision" or "eye discomfort"] and would like to have it evaluated at your earliest convenience.

I am available for an appointment on the following dates and times:

- [List two or three options that work for you]

If none of these options are available, I am happy to accommodate your schedule.

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

Sincerely,
[Your Name]