

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Ophthalmologist's Name]
[Ophthalmology Clinic Name]
[Clinic Address]
[City, State, Zip Code]

Dear Dr. [Ophthalmologist's Last Name],
I hope this letter finds you well. I am writing to confirm my appointment on [appointment date and time] for an eye examination.

As a brief overview of my medical history, I have experienced [briefly describe any relevant medical history or symptoms, e.g., blurred vision, dry eyes, discomfort]. I would appreciate your expertise in assessing these issues during my visit.

If there are any forms or additional information you require prior to my appointment, please let me know at your earliest convenience.

Thank you for your attention. I look forward to our appointment.

Sincerely,
[Your Name]