

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Doctor's Name]
[Clinic/Hospital Name]
[Clinic/Hospital Address]
[City, State, Zip Code]

Dear [Doctor's Name or Medical Staff],
I hope this letter finds you well. I am writing to request an appointment for my child, [Child's Name], who is [Child's Age] years old, to see a pediatric eye specialist. We have noticed some concerns regarding [briefly describe the eye issue or reason for visit, e.g., frequent squinting, difficulty seeing, eye redness, etc.].
I would appreciate your advice on the earliest available appointment, as well as any necessary forms or information we should have prior to the visit.

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

Sincerely,
[Your Name]
[Relationship to Child]
[Additional Contact Information, if necessary]