

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

Dear [Optometrist's Name or "Receptionist"],  
I hope this message finds you well. I would like to request an appointment for an eye examination.

Preferred Dates:

1. [First Choice Date and Time]
2. [Second Choice Date and Time]
3. [Third Choice Date and Time]

If none of these times are available, please let me know what options are open.

Thank you for your assistance. I look forward to your response.

Best regards,

[Your Name]