

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Recipient's Name]  
[Recipient's Title/Position]  
[Company/Organization Name]  
[Address]  
[City, State, Zip Code]

Dear [Recipient's Name],

Subject: Request for Eye Test Assessment

I hope this letter finds you well. I am writing to request an eye test assessment due to [briefly explain reason, e.g., blurred vision, headaches, etc.]. I believe it is essential to evaluate my vision to ensure [state the importance, e.g., effective performance at work, safety, etc.].

I would appreciate if you could provide me with information regarding the assessment process, available dates, and any necessary forms I should complete prior to the appointment.

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

Sincerely,  
[Your Name]