

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

Dear [Recipient's Name],

I am writing to formally request an appointment for an eye examination for [Patient's Name], who is [Patient's Age] years old. Given the importance of regular eye check-ups, we would like to ensure that [he/she/they] receives a comprehensive examination at your facility. Please provide available dates and times for the examination at your earliest convenience. We appreciate your attention to this matter and look forward to your prompt response.

Thank you for your assistance.

Sincerely,

[Your Name]
[Your Relationship to Patient, e.g., Parent/Guardian]
[Your Contact Information, if not included above]