

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

Dear [Doctor's Name or Receptionist's Name],
I am writing to schedule an appointment for an eye examination at your practice. I prefer to have my visit on [insert preferred date(s) and time(s)], but I am flexible and can adjust to your available schedule. Please let me know if the suggested times work or if there are other openings available.
Thank you for your assistance.
Sincerely,
[Your Name]