

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

Dear [Recipient's Name],

I am writing to schedule an appointment for an eye examination. I would like to request an appointment on [Preferred Date] at [Preferred Time]. Please let me know if this date and time are available or if there are other options.

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]