

[Your Name]
[Your Address]
[City, State, ZIP Code]
[Email Address]
[Phone Number]
[Date]
[Eye Care Provider's Name]
[Eye Care Provider's Office/Clinic Name]
[Office Address]
[City, State, ZIP Code]

Dear [Eye Care Provider's Name or "To Whom It May Concern"],
I am writing to request an eye examination for [your name or patient's name]. The purpose of this exam is to assess [specific concerns, e.g., vision changes, discomfort, etc.], and to ensure overall eye health. Please let me know the available dates and times for an appointment. I appreciate your assistance in scheduling this examination at your earliest convenience.

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

Sincerely,

[Your Name]
[Your Relationship to Patient, if applicable]