

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Eye Care Provider's Name]
[Clinic or Hospital Name]
[Provider's Address]
[City, State, Zip Code]

Dear [Eye Care Provider's Name],
I am writing to request an eye examination for my [self/child/relative],
[Patient's Name], who is [age] years old. We have noticed some changes in
[his/her/their] vision, including [describe any symptoms or difficulties,
if applicable, e.g., difficulty reading, bluriness, etc.].
We would like to schedule an appointment at your earliest convenience.
Please let us know your available dates and times.
Thank you for your attention to this matter. We look forward to your
prompt response.

Sincerely,
[Your Name]
[Your Relationship to the Patient]