

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

[Recipient's Name]
[Recipient's Title]
[Clinic/Practice Name]
[Clinic Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to request an appointment for a vision examination. I have been experiencing some difficulties with my eyesight and believe it is important to have a professional assessment.

Please let me know your available dates and times for the examination. I am flexible and can adjust my schedule accordingly.

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

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]