

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Optometrist's Name or Clinic Name]
[Clinic Address]
[City, State, Zip Code]

Dear [Optometrist's Name or Office Staff],

I am writing to request an appointment for an eye examination. I would like to schedule a visit at your earliest convenience.

Please let me know available dates and times. If you require any further information from me prior to the appointment, feel free to reach out.

Thank you for your assistance.

Sincerely,

[Your Name]