

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

Dear [Recipient Name],

I am writing to request an auditory test for [specific reason, e.g., ongoing hearing concerns, routine check-up]. I would like to schedule an appointment at your earliest convenience.

Please let me know what dates and times are available, and if there are any forms or preparations required prior to the test.

Thank you for your assistance.

Sincerely,

[Your Name]