

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

Dear [Recipient Name],

I am writing to request an appointment for an auditory threshold test. I have been experiencing some difficulties with my hearing, and I believe that this test will help determine the extent of any issues I may be facing.

Please let me know the available dates and times for the test, as well as any preparation required beforehand. I appreciate your assistance and look forward to your prompt response.

Thank you for your attention to this matter.

Sincerely,
[Your Name]