

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

Dear [Recipient's Name],

I am writing to request a hearing range assessment for [Patient's Full Name], who is experiencing concerns regarding their auditory ability. Given their recent symptoms, including [briefly describe symptoms, e.g., difficulty hearing in crowded environments, ringing in the ears, etc.], I believe a comprehensive evaluation is necessary.

Please let me know the available dates for scheduling the assessment. If any specific documents or prior medical records are required, feel free to inform me.

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

Sincerely,

[Your Name]
[Your Title/Relation to Patient]