

[Your Name]  
[Your Address]  
[City, State, ZIP Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Recipient's Name]  
[Recipient's Title]  
[Clinic/Hospital Name]  
[Clinic/Hospital Address]  
[City, State, ZIP Code]

Dear [Recipient's Name],

Subject: Request for Hearing Sensitivity Test Appointment

I hope this letter finds you well. I am writing to request an appointment for a hearing sensitivity test, as I have been experiencing [briefly describe symptoms, e.g., difficulty hearing in certain environments, ringing in ears, etc.].

I would appreciate your assistance in scheduling this test at your earliest convenience. Please let me know the available dates and times so that I can make arrangements accordingly.

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

Sincerely,

[Your Name]