

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Doctor's Name]
[Clinic/Hospital Name]
[Address]
[City, State, Zip Code]

Dear [Doctor's Name],

I am writing to request a consultation for intravenous (IV) therapy for [Patient's Name], who has been experiencing [briefly describe the condition or symptoms].

Given the following considerations [include any relevant medical history, previous treatments, or specific needs], I believe that IV therapy may be a beneficial option for [him/her/them].

Please let me know of your availability for a consultation or if there are any additional steps I need to take to facilitate this request.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title/Relationship to Patient] (if applicable)