

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

Kaiser Permanente
[Telehealth Department Address]
[City, State, Zip Code]

Dear Kaiser Permanente Telehealth Team,

I am writing to express my interest in utilizing your telehealth services for my upcoming healthcare needs. I appreciate the convenience and accessibility that telehealth offers, particularly during these times. I would like to request an appointment for a virtual consultation regarding [briefly describe your health concern or the reason for your appointment]. Please let me know the available dates and times for scheduling.

Thank you for your assistance. I look forward to the opportunity to connect with a healthcare provider through your telehealth platform.

Sincerely,

[Your Name]
[Your Member ID (if applicable)]