

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient's Name]
[Recipient's Title]
[Medical Practice or Hospital Name]
[Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to request a consultation for knee replacement surgery. After months of dealing with persistent knee pain and limited mobility, I believe it may be time to consider surgical options.

I have previously undergone [mention any relevant treatments, therapies, or medications] without significant relief. Enclosed are my medical records and imaging studies for your review.

Please let me know your availability for a consultation. I appreciate your attention to this matter and look forward to discussing possible treatments.

Thank you for your time.

Sincerely,

[Your Name]
[Your Contact Information]