

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient Name]
[Office/Clinic Name]
[Address]
[City, State, Zip Code]

Dear [Recipient Name],

I am writing to request an appointment for occupational therapy. Please find my details below:

****Patient Information:****

Name: [Patient's Name]

Date of Birth: [Patient's DOB]

Insurance Provider: [Insurance Details]

Policy Number: [Policy Number]

****Preferred Appointment Times:****

1. [Date and Time]

2. [Date and Time]

3. [Date and Time]

Please let me know if any of these times are available or if there are alternative options.

Thank you for your assistance. I look forward to hearing from you soon.

Sincerely,

[Your Name]