

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

Dear [Receiver's Name or "To Whom It May Concern"],  
I am writing to request an appointment for a PCR test.

**\*\*Personal Details:\*\***

- Full Name: [Your Full Name]
- Date of Birth: [Your Date of Birth]
- Contact Number: [Your Contact Number]

**\*\*Preferred Appointment Dates/Times:\*\***

1. [Date and Time Option 1]
2. [Date and Time Option 2]
3. [Date and Time Option 3]

Please let me know if any of the above options are available or if there are alternative slots.

Thank you for your assistance.

Sincerely,

[Your Name]