

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

Dear [Doctor's Name],

I am writing to formally request urgent medical leave due to [briefly explain the reason, e.g., "a sudden medical condition" or "an unexpected health issue"]. I am unable to attend my scheduled appointments and follow-up care during this time.

I understand the importance of my ongoing health management and will ensure that all necessary documentation is provided for your records. Please let me know if there are any forms or specific procedures I need to follow regarding this leave.

I appreciate your understanding and support during this challenging time. Thank you for your attention to this matter.

Sincerely,  
[Your Name]