

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

[Recipient's Name]
[Urgent Care Facility Name]
[Facility Address]
[City, State, ZIP Code]

Dear [Recipient's Name],

I am writing to request an urgent care appointment for [Your Name/Patient's Name] on [desired date], at your facility. We are experiencing [brief description of the medical issue/symptoms], and we believe that timely medical attention is required.

Please let us know the available times for the appointment. If necessary, you can reach me at [Your Phone Number] or [Your Email Address].

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Relationship to Patient, if applicable]