

[Your Name]
[Your Address]
[City, State, ZIP Code]
[Email Address]
[Phone Number]
[Date]
[Recipient's Name]
[Recipient's Title (if applicable)]
[Medical Facility Name]
[Facility Address]
[City, State, ZIP Code]

Dear [Recipient's Name or "To Whom It May Concern"],

I am writing to request an urgent medical appointment for [briefly describe the issue or symptoms]. Due to the severity of my condition, I believe that timely intervention is necessary.

I am available for an appointment on the following dates and times:

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

Please let me know if any of these options are suitable, or if there are alternative times you can offer.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Contact Information]