

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

Dear [Doctor's Name],

I hope this letter finds you well. I am writing to schedule an appointment for a uvula check-up. I have been experiencing [briefly describe symptoms or concerns, e.g., difficulty swallowing, pain, etc.], and I believe a professional examination is necessary. Please let me know your available dates and times, so we can arrange a suitable appointment. I appreciate your attention to this matter and look forward to your prompt response.

Thank you.

Sincerely,

[Your Name]