

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

Dear [Doctor's Name],

I hope this letter finds you well. I am writing to discuss some symptoms I have been experiencing related to discomfort in my uvula.

Over the past [duration], I have noticed the following symptoms:

1. **Sore throat** that feels more pronounced around the uvula.
2. **Swelling** of the uvula, making it visibly enlarged.
3. **Difficulty swallowing** or a sensation of something being lodged in the throat.
4. **Dryness** or a persistent feeling of irritation in the throat.
5. Occasional **coughing** or throat clearing due to discomfort.

These symptoms have been [frequency of symptoms: persistent, intermittent, etc.], and they have begun to affect my daily activities, particularly [mention any specific impacts on daily life, e.g., eating, speaking, sleeping].

I would greatly appreciate your guidance on this matter and whether a consultation or further examination is necessary. Thank you for your attention to this issue. I look forward to your response.

Sincerely,  
[Your Name]