

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

Dear [Recipient's Name],

Subject: Request for Uvula Examination

I am writing to request an examination of my uvula due to [briefly explain symptoms or concerns, e.g., discomfort, swelling, or other specific symptoms]. I would appreciate your expertise in evaluating my condition and recommending any necessary treatment.

Please let me know the available dates and times for scheduling an appointment. Thank you for your attention to this matter.

Sincerely,
[Your Name]