

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

Dear [Doctor's Name],

Subject: Request for Uvula Removal Surgery

I hope this letter finds you well. I am writing to formally request an evaluation for uvula removal surgery. I have been experiencing [mention symptoms, e.g., frequent throat infections, snoring, or breathing difficulties] that have significantly impacted my quality of life.

After conducting some research and having discussions with my primary care provider, I believe that uvula removal may be a suitable option to alleviate my symptoms. I would appreciate your professional opinion on the matter and any steps needed to proceed with this evaluation.

Please let me know the next available appointment for a consultation.

Thank you for considering my request, and I look forward to your response.

Sincerely,

[Your Name]