

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

Dear [Doctor's Name],

Subject: Request for Xolair Treatment

I hope this letter finds you well. I am writing to discuss my ongoing management of [specific condition, e.g., severe asthma, chronic idiopathic urticaria], as I believe that Xolair (omalizumab) may be a viable treatment option for me.

As you are aware, I have been experiencing [briefly describe symptoms and how they impact your daily life]. Despite trying [list previous treatments or medications], I have not achieved the desired results. After researching potential treatment options, I believe that Xolair could specifically address my symptoms and improve my quality of life. I would appreciate the opportunity to discuss this treatment further during our next appointment. Thank you for considering my request. I look forward to your guidance and support in managing my condition effectively.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]