

---

# Eye Doctor Appointment Letter

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Eye Doctor's Name]

[Eye Clinic/Hospital Name]

[Clinic/Hospital Address]

[City, State, Zip Code]

## **Subject: Appointment Request for Eye Examination**

Dear Dr. [Eye Doctor's Last Name],

I hope this letter finds you well. I am writing to request an appointment for a comprehensive eye examination.

## **Purpose of Appointment**

I have been experiencing [briefly describe any symptoms, e.g., blurred vision, eye strain, headaches, etc.], and I believe it is important to consult with you regarding my vision and eye health.

## **Medical History**

To assist you in understanding my situation, here is a brief overview of my medical history:

- [Condition 1: Brief description, treatment received, and any relevant dates]
- [Current medications: List any medications you are currently taking]

### **Preferred Appointment Dates**

I would appreciate the opportunity to meet with you at your earliest convenience. Here are my preferred dates and times for the appointment:

- **First choice:** [Date and Time]
- **Second choice:** [Date and Time]
- **Third choice:** [Date and Time]

If these options do not work, please let me know your available times, and I will do my best to accommodate.

Thank you for your attention to this matter. I look forward to your response.

Warm regards,

[Your Signature (if sending a hard copy)]

[Your Name]