horizontal line**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]

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### **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]