

Request for Gastrointestinal Test Appointment

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Doctor's Name]

[Clinic or Hospital Name]

[Address of Clinic or Hospital]

[City, State, Zip Code]

Dear [Doctor's Name],

I hope this message finds you well. I am writing to request an appointment for a gastrointestinal test at your clinic/hospital. Based on my recent symptoms, I believe it is essential to undergo this examination to determine the underlying issues.

I am available for an appointment on the following dates and times:

- [Date and Time Option 1]
- [Date and Time Option 2]
- [Date and Time Option 3]

Please let me know which option works best for you, or if there are other available times. I appreciate your assistance and look forward to your prompt response.

Thank you for your attention to this matter.

Sincerely,

[Your Name]