

Appointment Request for Vision Therapy

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

[Recipient's Name]

[Recipient's Title]

[Clinic/Organization Name]

[Clinic Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to request an appointment for a vision therapy session. I believe that this therapy would greatly benefit my visual development and overall well-being.

Could you please provide me with available dates and times? I am flexible with my schedule and would appreciate any options you may have.

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

Sincerely,

[Your Name]