

# Request for Radiation Therapy Appointment

Date: [Insert Date]

To: [Doctor's Name]

[Clinic/Hospital Name]

[Address]

[City, State, Zip Code]

Dear [Doctor's Name],

I hope this message finds you well. I am writing to request an appointment for radiation therapy. I have discussed my condition with you during our last visit, and it has been suggested that radiation therapy could be beneficial for my treatment plan.

My details are as follows:

- Name: [Your Name]
- Date of Birth: [Your Birth Date]
- Contact Number: [Your Phone Number]
- Insurance Information: [Your Insurance Details]

Please let me know the available dates and times for the appointment. I am looking forward to your prompt response.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]