

# Request for Follow-Up Eye Test

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Eye Clinic Name]

[Clinic Address]

[City, State, Zip Code]

Dear [Doctor's Name],

I hope this message finds you well. I am writing to request a follow-up eye test as discussed during my last appointment on [Date of Last Appointment]. I would like to ensure that my vision is being monitored and any necessary adjustments to my prescription can be made.

Please let me know the available dates and times for scheduling this test at your earliest convenience.

Thank you for your attention to this matter. I look forward to hearing from you soon.

Sincerely,

[Your Name]