

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]

[Date]

[Eye Clinic Name]
[Clinic Address]
[City, State, Zip Code]

Dear [Clinic Provider's Name],

I hope this message finds you well. I am writing to request an appointment for a vision test at your clinic. Due to [brief reason for the test, if applicable], I would appreciate it if you could schedule me at your earliest convenience.

My availability for an appointment is as follows:
[Insert your available days and times]

Please let me know if any of these times work for you or if there are other options available.

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

Sincerely,
[Your Name]