

Hearing Test Scheduling Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Clinic's Name]

[Clinic's Address]

[City, State, ZIP Code]

Dear [Recipient's Name],

I am writing to request an appointment for a hearing test. Due to [brief reason for the request, e.g., concerns about hearing, ongoing symptoms], I believe it is important to undergo a professional evaluation.

Please let me know the available dates and times for the appointment. I am generally available on [insert your availability].

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

Sincerely,

[Your Name]