

Request for Neurological Health Check Appointment

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[Medical Facility Name]

[Facility 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 neurological health check. I have been experiencing [briefly describe symptoms or concerns], and I believe it would be beneficial to undergo a thorough evaluation.

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]