

Request for Allergy Testing Appointment

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Doctor's Name]

[Clinic/Hospital Name]

[Clinic/Hospital Address]

[City, State, Zip Code]

Dear [Doctor's Name],

I am writing to request an appointment for allergy testing. I have been experiencing symptoms that lead me to believe I may have allergies, and I would like to explore this further with your assistance.

Please let me know your available dates and times for an appointment. I appreciate your attention to this matter and look forward to your prompt response.

Thank you for your help.

Sincerely,

[Your Name]