

# Request for Distance Health Check Appointment

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Medical Practitioner's Name]

[Medical Practice Name]

[Practice Address]

[City, State, Zip Code]

Dear [Medical Practitioner's Name],

I hope this message finds you well. I am writing to formally request a distance health check appointment with you at your earliest convenience.

Given the circumstances surrounding my health and the current public health guidelines, I believe a virtual consultation would be the most appropriate way to address my medical concerns regarding [briefly describe your medical issue or concerns].

Please let me know your available times for a telehealth appointment. I appreciate your assistance and look forward to your prompt response.

Thank you for your attention to this matter.

Sincerely,

[Your Name]