

# Appointment Request for Audiology Services

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

To: [Audiology Clinic Name]

[Clinic Address]

[City, State, Zip Code]

Dear [Audiologist's Name or "Audiology Team"],

I am writing to request an appointment for an audiology evaluation. I have been experiencing [briefly describe your symptoms or concerns].

Preferred dates and times for the appointment are as follows:

- [Preferred Date/Time 1]
- [Preferred Date/Time 2]
- [Preferred Date/Time 3]

Please let me know if any of these options are available or if there is another time that you would recommend. I appreciate your assistance and look forward to your reply.

Thank you.

Sincerely,

[Your Name]