

Request for Direct Access to Specialist Care

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Recipient's Title]

[Healthcare Facility Name]

[Facility Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to formally request direct access to specialist care for [briefly describe the medical issue or condition].

Due to [explain reason for requesting direct access, e.g., ongoing symptoms, previous treatments, etc.], I believe that seeing a specialist would be the most effective path forward for my health.

Please let me know if there are any necessary forms or procedures I should complete as part of this request. Thank you for your consideration, and I look forward to your prompt response.

Sincerely,

[Your Name]